Personality style, psychological adaptation and expectations of psychologists in clinical training

Thesis

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PERSONALITY STYLE, PSYCHOLOGICAL ADAPTATION AND EXPECTATIONS OF PSYCHOLOGISTS IN CLINICAL TRAINING

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1. ABSTRACT

Objectives: The current study aimed to profile the personality styles, expectations and psychological adaptation of Clinical Psychology Trainees. It also aimed to look at the relationship between these variables.

Design: A cross-sectional postal questionnaire study, employing between group and correlational analyses.

Methods: A sample of 364 psychologists in clinical training (57% response rate) from 15 UK clinical psychology training courses participated in the study. They completed questionnaires of personality, psychological adaptation, social support and an expectations measure specifically designed for the study.

Results: The majority of psychologists in clinical training who participated in the study were well adjusted in terms of personality, did not experience extensive problems with psychological adaptation, and had the majority of their expectations met. A significant sub group reported personality adjustment problems and problems with self esteem, anxiety, depression and work adjustment. Low self esteem was present in just under a quarter of the sample. Personality adjustment was found to be related to expectations and psychological adaptation. Trainee psychologists with poorer personality adjustment were less likely to have their expectations met, especially with regard to the impact of training on their life, and were more likely to suffer from poor psychological adaptation, particularly in terms of low self esteem, anxiety, depression and work adjustment problems. Self esteem was related to discrepancies in actual and ideal social support. Some differences were found between year groups. Gender and age were not related to personality adjustment, psychological adaptation or expectations.

Conclusions and Implications: The findings were discussed in terms of the interpretation of personality style. Implications for clinical psychology training and the profession of clinical psychology were considered.

Table of Contents

	Page
Introduction	**1**
Personality	2
Trait theory	3
Millon Index of Personality Style (MIPS) approach	6
Personality, Psychopathology and Adjustment	7
Stress, Coping and Social Support	8
Expectations	10
Occupational Stress and Psychological Adaptation	12
Organisational Entry	12
Organisational Survival	14
Mental Health Professionals and Clinical Psychology	15
Methodological and Conceptual Issues	16
Summary	16
Rationale and Proposed Model	17
Predictions and Research Questions	19
Method	**21**
Design	21
Participants	21
Measures	21
Personality Style	21
Psychological Adaptation	25
Expectations	26
Social Support	27
Demographic Data	28
Procedure	28
Ethical Considerations	29
Results	**33**
Analysis strategy	33

Scoring procedures 33
Demographic data 35
Personality profile of CP trainees 36
Psychological adaptation profile of CP trainees 40
Expectations profile of CP trainees 42
Comparison with normative data 44
Proportion of CP trainees experiencing problems 45
Characteristics of the CP trainees experiencing problems 45
Testing the model 51

Discussion 56
Profile of CP trainees 56
CP trainees with poor personality adjustment 60
Evidence for the model 62
Methodological considerations 65
Implications 67
Clinical psychology training 67
Clinical psychology profession 72
Further research 73
Summary and conclusions 74

References 76

Appendices 85

List of Tables

Page

Table 1: The MIPS scales 22

Table 2: Demographic data of the CP trainee participants..... 35

Table 3: Personality characteristics - Motivating aims of the whole group and individual years..... 37

Table 4: Personality characteristics - Cognitive modes of the whole group and individual years..... 38

Table 5: Personality characteristics - Interpersonal behaviour of the whole group and individual years..... 39

Table 6: Overall personality adjustment score for the whole group and individual years..... 40

Table 7: Psychological adaptation of the whole group and individual years..... 41

Table 8: Results of the one sample t tests investigating whether expectations were significantly different from the criterion value of 4 = as expected..... 42

Table 9: Expectations of the whole group and individual years..... 43 - 44

Table 10: One sample t tests comparing study participants with normative data on personality adjustment and psychological adaptation..... 44

Table 11: Mann Whitney tests comparing personality style of CP trainees scoring T=<35 the CP trainees scoring T>35 on personality adjustment..... 47 - 48

Table 12: Mann Whitney tests comparing psychological adaptation of CP trainees scoring T=<35 with the CP trainees scoring T>35 on personality adjustment..... 49

Table 13: Mann Whitney tests comparing expectations and social support of CP trainees scoring T=<35 with the CP trainees scoring T>35 on personality adjustment..... 50

Table 14: Results of a hierarchical regression to show the effects of personality adjustment, gender and expectations on anxiety..... 52

Table 15: Results of a hierarchical regression to show the effects of personality adjustment and expectations on depression..... 53

Table 16: Results of a hierarchical regression to show the effects of personality adjustment and social support discrepancy on self esteem.. 54

Table 17: Results of a hierarchical regression to show the effects of personality adjustment and expectations on work adjustment..... 55

List of Figures

Page

Figure 1 : Model of personality, expectations and psychological adaptation..... 18

Figure 2 : Personality characteristics of the whole sample of CP trainees..... 36

Figure 3 : Psychological adaptation of the whole sample of CP trainees..... 40

Figure 4: Expectations of the whole sample of CP trainees..... 43

Figure 5 : Personality characteristics of the sample of CP trainees scoring =/< 35 on personality adjustment compared with CP trainees scoring > 35 on personality adjustment..... 46

Figure 6 : The path of significant relationships (with beta values) contributing to anxiety..... 52

Figure 7 : The path of significant relationships (with beta values) contributing to depression..... 53

Figure 8 : The path of significant relationships (with beta values) contributing to self esteem..... 54

Figure 9 : The path of significant relationships (with beta values) contributing to work adjustment 55

Figure 10 : Revised model of personality, expectations, social support and psychological adaptation..... 63

2. INTRODUCTION

The training of people to become clinical psychologists involves a diverse set of experiences, expectations and demands which have to be successfully negotiated. These include; participating in teaching, moving through clinical placements and supervisory experiences, on-going evaluation and assessments, meeting course and placement demands and forming a personal and professional identity as a clinical psychologist. Trainees bring with them a variety of personal factors, experiences and expectations which are likely to influence their socialisation into clinical training.

Previous research on clinical psychology (CP) trainees suggested that training can be experienced as particularly stressful as indicated by scores on the General Health Questionnaire (Cushway, 1992). The association between psychological distress experienced by those working in the 'caring professions' and students facing assessments have been well documented (Maslach, 1976; Boyer, 1984; Payne & Firth-Cozens, 1987). Research on CP trainees has looked particularly at 'stress', psychological adaptation, coping, social support and cognitions (Cushway, 1992; Kuyken, Peters, Power & Lavender, 1998). This research has shown that variations in reported distress levels and psychological adaptation are associated with both course-related and person-related factors. Kuyken et al. (1998) considered the role of cognitions in trainees with respect to coping styles and suggested there was a need to look at why particular stressors and course components affect certain CP trainees in particular ways. The present research was undertaken in order to partially address this gap in the literature by exploring individual personality factors and course expectations and how these impact on psychological adaptation at different stages of training.

The following review aims to draw together research on (1) personality (2) 'stress', coping and social support (3) expectations, and (4) occupational 'stress' and psychological adaptation of mental health professionals. It particularly focuses on how personality could influence or interact with the other factors mentioned. A model outlining the hypothesised influence of personality on expectations and psychological adaptation is then proposed alongside a rationale for the study. The introduction will conclude with the research questions and hypotheses this study hopes to address.

2.1 Personality

The term personality is generally used to describe a field of study in psychology that is concerned with the whole individual and individual differences. There are a variety of theories of personality that examine both internal and external processes. The diversity in the literature means that personality is difficult to define and, as yet, there is no single agreed definition (Pervin, 1989).

Eysenck (1970) described personality as 'a more or less stable and enduring organisation of a person's character, temperament, intellect and physique, which determines their unique adjustment to the environment'. In a similar vein, Allport's (1961) definition illustrates the dynamic nature of personality and describes it as 'the dynamic organisation within the individual of those psychological systems that determine his or her characteristic behaviour and thought'. Both definitions imply the uniqueness of individual psychological systems that dynamically endure to account for consistent patterns of behaviour and thought. These definitions are based on a trait approach to personality which sees the sum of individual traits determining behaviour (Kline, 1993). These ideas are not without criticism from theorists who believe in the importance of the situation in determining behaviour (McAdams, 1992; Mischel, 1973); these criticisms will be expanded on later.

Considering the difficulty in reaching an all encompassing definition, it is perhaps useful to use Pervin's (1989) broad working definition of personality. This states simply that 'personality represents those (unique) characteristics of the person that account for consistent patterns of behaviour'.

The field of personality is a large and diverse area of study. It has been argued that there are six main theoretical approaches to personality, with each branching into many different subsystems (McMartin, 1995. p.8). These main approaches include; psychodynamic theory, behavioural genetics, trait theory, cognitive/social learning theory, humanistic/existential theory, and the radical behaviourist approach. Each approach reflects the different philosophical views of theorists with respect to how personality is organised within the individual.

In this introduction the focus is mainly on trait theory whilst touching on social learning and psychodynamic theories of personality. This choice reflects the philosophy behind the personality inventory chosen for this study.

2.1.1 Trait theory

Trait theory is based on the assumption that people possess broad predispositions to respond in particular ways across time and situations (Smith & Williams, 1992). These predispositions are termed traits and are argued to be the fundamental building blocks of human personality (Pervin, 1989). Trait theorists who have made important theoretical and research contributions include Allport (1921), Cattell (1965) and Eysenck (1970). Eysenck's contribution was most influential in Great Britain (Pervin, 1989).

Eysenck (1970) used factor analysis when measuring and developing his classification of traits in the 1950's and argued that the basic dimensions underlying traits were types. He classified two basic types, which he termed introversion-extraversion and neuroticism and later added a third dimension termed psychoticism. Following on from the work of Eysenck and other trait theorists Tupes and Christal (1961/1992) identified five recurrent factors of personality. These were; Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience. The theory was termed the Five Factor Model (FFM) and was not fully picked up by personality psychologists until the 1980's when psychologists found increasing evidence for the validity of the model across time, observers and cultures (McCrae & John, 1992, McCrae & Costa, 1990).

The FFM attempted to answer the questions of: what were the basic dimensions of personality and, how do individuals differ in their enduring emotional, interpersonal, experiential, attitudinal and motivational styles? It was believed that the model could give an adequate description of individual differences although it was not a complete theory of personality (McCrae & John, 1992). However, it has not been unequivocally accepted.

The FFM has been criticised on a number of fronts. Cloninger (1988) has argued that there are too many dimensions, whereas others have argued there are too few to summarise all that is known about individual differences and is, in particular, missing cognitive and motivational elements (Krug & Johns, 1986; McClelland, 1981). McAdams (1992) argues that factor analysis is reductionist, arbitrary, atheoretical and subjective, giving an extremely general framework of general trends, which is not sensitive in predicting specific behaviour in given situations. The FFM has been argued to disregard the pervasive roles of situational, cultural and historical contexts (Mischel, 1973) although traits are likely to influence the choice of situations created, entered or avoided (Bandura, 1977). The neglect of situational variables presents a fundamental problem for the consistency of traits over time as it has been argued that context is necessary for accurate prediction, detailed description and comprehensive understanding of the individual (McAdams, 1992). Mischel (1973) has proposed an alternative to traits, which he termed social cognitive units; these incorporate a person's cognitions, affect and action in relation to situations.

The FFM has also been criticised for looking only at the 'having' aspects and not the 'doing' aspects of personality, which present a more storied nature of human existence (Tomkins, 1987). It has been argued that change occurs at the 'doing' level, which represents how dispositions are cognitively expressed and maintained in social interaction (Cantor, 1990). Taking these criticisms into account McAdams (1992) argues that the FFM is useful in making observations of strangers where context and conditions are largely ignored. Lay (1997) comments that the FFM is useful in predicting broad classes of behaviour, but not as good in predicting more specific behaviour. A significant amount of personality psychology is still built around the trait concept and the FFM has been argued to provide a useful structure for organising traits and their measures (Hampson, 1999). It is therefore not surprising that particularly in fashion are the use of trait personality measures to assess and predict job performance of relative strangers in an occupational context as part of selection, review and retention procedures (Barrick & Mount, 1991).

Recent trends in the personality field have responded to the criticisms of trait theory by advocating different units of analysis (Hampson, 1999). Buss and Cantor (1989) proposed a hierarchy of units of analysis in the form of a pyramid, with the whole person

at the top branching down to the middle level units such as 'life tasks', to traits and behaviour at the bottom. Studies of the whole person include psychobiography (personal stories), which provide detailed quantitative and qualitative measures of everyday life (McAdams, 1996). The middle level includes looking at smaller chunks of life history, such as personal strivings and life tasks that represent personal goals and motivations (Emmons, 1986; Cantor & Khilstrom, 1987). Personality types also feature at this level (York & John, 1992). At the base of the pyramid are units similar to traits, termed motives and values (Hampson, 1999). This model presents a holistic framework for examining personality.

Recent developments have also presented an alternative to the dichotomous argument of traits versus situational states and provided a useful interactionist framework to observe individual differences. A recent expansion of Mischel's situational theory (1973) advocates a cognitive-affective personality system that accounts for intra-individual consistency and predictable patterns of variability across situations (Mischel & Shoda, 1998). This incorporates situational factors as a moderating influence on individual differences. This allows social cognitive units to operate in combination with traits. The use of the term coherence in some of the personality literature, as opposed to consistency, reflects this shift in emphasis. Coherence indicates the recognition that people show cross-situational variability in behaviour, which can be understood by taking into account moderating variables such as context. This also allows for behaviour to be understood and even predicted in terms of traits, whilst not necessarily being consistent (Hampson, 1999).

Personality research remains a dynamic field of study. The question as to what extent personality is stable or open to change remains at the centre of the argument for many and as yet has not been satisfactorily answered (Hampson, 1999). Hampson (1999) argues that different theorists provide conflicting answers to this question as each have a different conceptualisation of what personality is (Costa & McCrae, 1994; McAdams, 1994; Helson & Wink, 1992).

2.1.2. The Millon Index of Personality Style (MIPS) approach

In his conceptualisation of personality, Millon (1994), uses the trait approach whilst also considering its foundations in the natural world and addressing motivation and cognition. This provides a necessary expansion of the trait model, which addresses the criticisms that the trait approach neglects cognitions and motivations. However, it does not address the problem of context.

Millon draws on the work of Freud (1895/1966) and Jung (1921/1971) as well as the FFM. In order to introduce his ideas it is probably best to describe and discuss the scale that he developed to assess personality at it was chosen for use in this study. The 'Motivating Aims' sub scale of the MIPS is influenced by ecological ideas of 'existence', 'adaptation' and 'replication' that is paralleled with Freud's ideas that mental life is governed by three polarities: subject (ego)/object (external world); pleasure/pain and activity/passivity. Millon (1994) argues that motivation is directed by three drives; (1) ***preserving** and **enhancing** our existence by avoiding pain and/or seeking pleasure, (2) adapting by acting actively or passively in **modifying** or **accommodating** to our environment and (3) replicating by **individuating** (focusing on the self) or **nurturing** (focusing on others).

Millon (1994) considers that cognitive modes are an important aspect of personality. He argues that the mind not only mirrors realities but reconstructs them. He posits the importance of subjective interpretations of events that bring cognitive abstractions of the past into the present whilst the mechanism of anticipation brings the future into the present. He draws on the work of Jung (1921) when considering attitudes individuals adopt when interacting with the environment. He looks at sources of information gathering, the style of gathering information and how information received is transformed to shape and fit into schemas. He uses Jung's three bipolarities to conceptualise cognitive style; **introversing/extraversing**, (gather knowledge from limited interaction or from others and joining in) **sensing/intuiting** (pragmatic, realistic / speculative, abstract) and **thinking/feeling** (logical, objective / emotional, subjective) whilst adding an additional factor which he called **systematising/innovating** (assimilating experiences, rigid / open minded, flexible).

*Bold typeface indicates variables measured by the MIPS

The final sub scale refers to 'interpersonal behaviour', which considers the importance of ongoing social roles and relationships. Here Millon (1994) draws on the work of Meyer (1951), Sullivan (1953), Leary (1957) and the FFM (Tupes & Christal, 1992) to introduce factors that address observable behavioural traits. He includes the neuroticism, extraversion and agreeableness dimensions from the FFM which he terms **hesitating/asserting** (withdrawn / competitive), **retiring/outgoing** (placid / lively) and **complaining/agreeing** (irritable / amenable) respectively. The other factors include **yielding/controlling** (agreeable, co-operative / autocratic, dominant) and **dissenting/conforming** (unconventional, impulsive / conventional, inflexible).

Millon (1994) argues that this model addresses sets of dynamically interacting dispositions that blend into diverse configurations called personality styles, of which there are positive and negative aspects. He proposes that each style represents adaptive patterns that fit certain environments and situations quite well and others less well, with no trait being universally good or bad.

2.1.3. Personality, Psychopathology and Adjustment

Researchers have been increasingly interested in examining the influence of personality on psychopathology and adjustment (Widiger & Trull, 1992; Smith & Williams, 1992). It has been argued that those scoring highly on neuroticism measures (measured by the **hesitating** scale on the MIPS) are more vulnerable to Axis 1 disorders (DSM1V, APA, 1995), particularly depression, whilst extraversion (measured by the **outgoing** scale on the MIPS) has been argued to be a protective factor (Widiger & Trull, 1992). Those scoring low on neuroticism scales are usually more emotionally stable and well adjusted as measured by other indicators (Costa & McCrae, 1985).

It has been argued that personality can interact with depression in a number of ways. Characteristics such as emotional instability, less ability to react adaptively to stressful situations, neuroticism, introversion and dependency are argued to increase a person's vulnerability to depression (Hirschfield, Klerman, Keller, Griffith & Coryell 1989; Widiger & Trull, 1992). However, mental health problems have multifactorial aetiologies and personality variables can only act as contributory factors (Widiger & Trull, 1992).

The personality literature makes a distinction between positive and negative affectivity. Negative affectivity is a general dimension of subjective distress and dissatisfaction that subsumes trait anxiety, depression and low self esteem, whereas positive affectivity relates to relatively stable positive mood states (Watson & Clark, 1992). Neuroticism, low agreeableness, introversion, dysfunctional attitudes and hostility have been argued to be related to negative affectivity (Watson & Clark, 1992; Kuiper, Olinger & Air, 1989). Conscientiousness, achievement, extraversion, high agreeableness, optimism and hardiness have been linked with positive affectivity and better adjustment (Watson & Clark, 1992; Scheier & Carver, 1985; Kobasa, Maddi & Kahn, 1982)

2.2 Stress, Coping and Social Support

Stress can be defined in a number of ways, of which the 'relational' view is most appropriate in this context. This posits that stress is defined as the relationship between the person and the environment, which is appraised by the person as taxing or exceeding their resources and endangering well-being (Folkman, 1984). Anxiety is the most characteristic reaction in stressful situations (Bolger, 1990). In this view, stress is distinct from stressors that are seen as the internal or external demands that require an individual to adjust their usual cognitive, affective and behavioural responses (Thoits, 1995).

Coping refers to the cognitive and behavioural efforts to manage and relieve specific external and/or internal demands which are appraised as taxing or exceeding the resources of the person (Lazurus & Folkman, 1984). The transactional view of coping posits that the cognitive and behavioural responses to stressors are considered to be a function of the appraisal of the event that requires adaptation (Gallagher, 1990). Lazurus & Folkman (1984) argue that the appraisal of an event consists of primary appraisal, where an assessment is made of what is at stake for the individual, and secondary appraisal, where a person evaluates what coping resources and options are available to them. Dependent on the appraisal of the situation are the coping strategies a person employs. Lazurus & Folkman (1984) argue that these are either emotion focused (efforts to deal with the emotional response to a stressor) and/or problem focused (efforts to deal with the stressor itself). However other identified coping strategies include: approach and avoidance coping, active behavioural and cognitive

coping and task focused coping (Roth & Cohen, 1986; Billings & Moos, 1981; Endler & Parker, 1990)

Personality, environmental and situational factors have been linked to stress and coping in a number of ways. With respect to personality, it has been argued that stressors can either be appraised as threats or challenges, depending on personality characteristics which in turn affect coping strategies (Folkman, 1984). Threat appraisals and negative coping (e.g. avoidance, self blame, wishful thinking, inappropriate emotion focused coping) have been related to neuroticism, low self efficacy, low self esteem, negative affectivity and belief in an external locus of control (McCrae & Costa, 1986, Parkes, 1984, Bandura, 1977, Rotter, 1971). Challenge appraisals and more positive coping (e.g. problem solving, emotion focused where appropriate) have been linked to extraversion, hardiness, optimism, positive affectivity, conscientiousness and an internal locus of control (McCrae & Costa, 1986; Kobasa, Maddi & Kahn, 1982; Watson & Hubbard, 1996; Scheier & Carver, 1987; Rotter, 1971).

The way in which certain personality characteristics affect appraisals of stress and coping strategies are likely to be complex and influenced by additional environmental, contextual and individual factors. The role of social support is an important consideration in this context. Social support can be defined as an individual's practical and/or emotional support which is accessible through their social ties with other individuals, groups and the larger community (Lin, Simeone, Ensel & Kuo, 1979; Power, Champion & Aris, 1992; Thoits, 1995). Cohen & Willis (1985) proposed that social support serves to protect the individual against the adverse effects of stress. It has been argued that the impact of stress will be most marked for individuals with low levels of social support (Finney, Mitchell, Cronkite & Moos, 1984). Research into the buffering effect of social support has produced contradictory findings about the utility of this concept (LaRocco, House & French, 1980; Greenglass, 1993; Himle, Jayaratne & Thyness, 1989; Shinn, Rosario, March & Chestnut, 1984). However, there has been increasing research demonstrating the beneficial effects of social support on physical and psychological well being (Greenglass, Fiskenbaum & Burke, 1996; Brown & Harris, 1978; Brown, Andrews, Harris, Adler & Bridge, 1986).

Personality factors are likely to influence support seeking and utilising behaviour. It has been argued that individuals high in hardiness and extraversion are more likely to access and utilise social support (Kobasa, Maddi & Kahn, 1982; Watson & Hubbard, 1996; Amrikahn, Risinger & Swickert, 1995). It would follow that individuals low in extraversion, hardiness and possibly higher in negative affectivity are less likely to access and experience the positive effects of social support. There is also some evidence for a 'viscious cycle' effect where negative affect and talk may be responded to more negatively by others (Lewinsohn & Hoberman, 1988). Therefore efforts by those experiencing distress to gain support may prove less successful and further contribute to relative social isolation or negative social experiences.

It is important to bear in mind the personality factors discussed and social support when considering individual reactions to stress appraisal and coping. Beliefs about the likely consequences and expectations of success of different courses of action, such as efforts at coping, are the subject of the next section. This will consider further how hardiness, self efficacy and locus of control can impact on individual expectations.

2.3 Expectations

In social learning theory, expectations are described as subjectively held beliefs in the probability that a certain reinforcement will occur as a specific result of behaviour (Hjelle & Ziegler, 1992). In this vein, with respect to expectations of CP trainees, these can be seen as the subjectively held beliefs about the probability that aspects of training will produce certain reinforcements as a result of engaging in the training process.

Rotter (1971) posits that expectations need to be taken into account to predict how people will behave in certain situations. It is argued that expectancies are usually generalised from past experience and do not necessarily correspond to reality. Locus of control refers to the general expectancy about the degree to which an individual controls reinforcements in their lives. Rotter (1971) distinguished two types of locus of control, external and internal. Individuals with an external locus of control generally believe that their successes and failures are governed by external factors such as fate and luck. Individuals with an internal locus of control generally see successes and failures determined by their own actions and abilities. It has been argued that individuals with an

external locus of control are more likely to develop psychological disorders, are higher in anxiety and depression and lower in self esteem (Lefcourt, 1982). It has been argued that individuals with an internal locus of control are likely to have greater confidence in their own problem solving ability and have more positive expectations about adjustment (Zuckerman, Knee, Kieffer, Rawsthorne & Bruce, 1996). Seligman's (1975) theory of learned helplessness fits in with this possible role for external locus of control. It posits that an individual learns through certain experiences that they have little control over events and this leads to a generalised feeling of helplessness. The learned helplessness model, however, has been updated. In more recent formulations the attributions of cause of events to internal, stable and global factors (Abramson, Seligman & Teasdale, 1978) or to stable and global factors, either internal or external (Alloy, Abramson & Metalsky, 1988) have been hypothesised to lead to helplessness and depression.

Related to locus of control and learned helplessness is Bandura's (1977) theory of self efficacy. This theory differs from the others mentioned as it looks at individual's ability to perform certain activities rather than abilities to control reinforcers. He hypothesised that expectations of personal efficacy will determine what coping behaviour will be initiated, how much effort will be made and how long it will be sustained in the face of obstacles. He argued that persistence in activities that are subjectively seen as threatening, through experiences of mastery, will enhance self-efficacy. The stronger the experiences of mastery the more belief an individual will have in their personal efficacy that behaving in a certain way will produce the desired results. Persistence is also related to the value an individual puts upon a situation.

The construct of hardiness is not dissimilar to Bandura's (1977) concept of personal efficacy. Hardiness is argued to consist of three related concepts; belief in personal control over problems and solutions, commitment to following through goals and viewing change as a challenge rather than a threat (Kobasa, Maddi & Kahn, 1982). It has been argued that a strong internal locus of control, high personal efficacy and hardiness will act as protective factors when stress is encountered and lead to more positive outcomes (Bandura, 1977; Lefcourt, 1981; Kobasa, 1979). An external locus of control, learned helplessness, low self efficacy and low hardiness have been linked to neuroticism, negative affectivity and less adaptive coping mechanisms (Taylor & Cooper, 1988; Watson & Hubbard, 1996, Lefcourt, 1981, Bandura, 1977).

With respect to expectations about training by CP trainees it could be argued that those with an external locus of control, a degree of learned helplessness, low self-efficacy and low hardiness are more likely to be discouraged when initial expectations are not met. Those without these characteristics may be more likely to adapt positively to unmet expectations, which may result in better psychological adaptation.

Ensuring that expectations are as realistic as possible has been argued to help adjustment (Weitz, 1956). The more ambiguous a situation is, the more likely it is that person factors will determine its meaning (Rotter, 1982). It could be argued that individuals higher in positive affectivity will adjust better to ambiguous situations such as course variables than those with negative affectivity.

Personality has been argued to influence stress, coping, social support and expectations in a number of ways. However, the influence of situational factors needs to be taken into account. This review moves on to looking at how the factors discussed are influenced by the occupational context and how both individual characteristics and the situation may influence psychological adaptation.

2.4 Occupational Stress and Psychological Adaptation

2.4.1 Organisational Entry

When entering a job or clinical training, people are likely to have a number of expectations. It has been argued that expectations held by new recruits are almost always inflated (Wanous, 1992). Porter and Steers (1973) have proposed the 'met expectations hypothesis'. They posit that met expectations may be viewed as the discrepancy between what a person encounters on the job with respect to negative and positive experiences and what they expected to encounter. It is argued that when an individuals' expectations are not met they will experience a variety of post entry adjustment problems such as job dissatisfaction (Wanous, Poland, Premack & Davis, 1992). Addressing expectations to shape them into being more realistic before job entry, for example with realistic job previews, has been argued to increase post entry adjustment (Wanous, 1992).

Previous research on expectations versus reality in health care training have largely involved medical students. Research has suggested that entering students have specific, detailed expectations of numerous aspects of their training, with many expectations not confirmed by subsequent experience (Tiberius, Sackin & McLean, 1989). It is argued that distress can be experienced when expectations are not met, which can also result in a loss of enthusiasm and disappointment (Tiberius et al, 1989; Stayhorn, 1989). Accurate expectations were found positively to influence well-being (Stayhorn, 1989). It has been argued to be important for courses to help make expectations as realistic as possible by accurate pre-course marketing and dialogue, together with trying to identify students at risk of the negative effects of training (Tiberius et al, 1989; Stayhorn, 1989).

Adjusting to a new job, or clinical training, involves a process of personal change and socialisation (Menninger, 1988; Holton, 1995). Menninger (1988) argues that morale is a useful indicator of mental health as an individual goes through a process of change. He posits that when an individual enters a new experience they go through four stages, these include the crisis of arrival, crisis of engagement, crisis of acceptance and crisis of re-entry. It is argued that individuals high in hardiness (morale), are more in control, committed and oriented to challenge as they negotiate through these stages which results in better adjustment (Kobasa, 1979).

Holton (1995) argues that people entering organisations can experience a culture shock that makes adjustment more difficult. It is argued that realistic expectations, together with effective socialisation into an organisation, will lessen the shock and is an important factor to consider pre and post entry (Holton, 1995). Much of the work on socialisation has been concerned with the *process* of socialisation and little has been done on testing interventions to enhance socialisation (Holton, 1995). However it has been argued that, on an organisational level, close examination of the stages newcomers go through, as well as tactics and practices organisations use with regard to induction, alongside realistic job previews are important factors when considering socialisation (Schein, 1978; Wanous, 1980; Zahlry & Tosi, 1989; Premack & Wanous, 1985).

2.4.2 Organisational survival

Once an individual is socialised into an organisation it is argued that the discrepancy between expectations and reality matters less (Holton, 1995). However, high levels of distress have been reported in those working in the 'caring' professions as measured by scales such as the Maslach Burnout Inventory (Maslach, 1982, Himle, Jayaratne & Thyness, 1989). This prompts the question as to whether the expectations of those staff members were discrepant with reality and/or the socialisation process was inadequate.

Occupational stress refers to a situation where job related factors interact with the worker to change (disrupt or enhance) his/her psychological and/or physiological condition such that the person is forced to deviate from normal functioning (Newman & Beehr, 1979). Work overload, role ambiguity, interpersonal and role conflict, communication problems, bureaucracy, high productivity expectations and organisational structure are some of the particular stressors that impinge on individuals (Cherniss, 1980; Terry, Nielson & Perchard, 1993). In a survey of clinical psychologists, professional self doubt and home-work conflict were considered the most important sources of stress (Cushway, Tyler & Nolan, 1996). The corresponding psychological adaptation to stress is likely to be influenced by both person related and situational factors and can result in job dissatisfaction, emotional exhaustion, depersonalisation, detachment, alienation, anxiety, depression, low self esteem and burnout (Maslach, 1982; Cherniss, 1980; Bolger & Schilling, 1991; Decker & Borgen, 1993).

The concept of psychological adaptation has been argued to have two dimensions; morale (how people feel about their life and themselves) and social functioning (how people feel about relationships and roles) (Lazurus & Folkman, 1984). Kuyken (1997) operationalises this concept as 'a person's experience of his or her mental and emotional state and social and occupational relationships and roles, and in relation to his or her goals, expectations, standards and concerns. It is a subjective, broad ranging, multidimensional, affective, cognitive and behavioural construct comprising both positive facets (e.g. positive feelings) and negative facets (e.g. anxiety)' p.2

As discussed earlier, personality characteristics have been argued to influence psychological adaptation. Individuals high in negative affectivity and neuroticism are

likely to adapt less well to stress compared to individuals high in hardiness, extraversion and positive affectivity (Kobasa, 1979; Bolger & Schilling, 1991; Decker & Borgen, 1993). Edelwick & Brodsky (1980) argue that a person is more prone to burnout if they are sensitive, empathic, people-oriented, anxious, introverted, overly dedicated to their job and over identify with others. The utilisation of support from supervisors and co-workers when encountering stress at work has been argued to have a beneficial effect on stress if the support offered is relevant and appropriate (LaRocco, House & French, 1980; Himle, Jayaratne & Thyness, 1989). However, as has been argued, personality characteristics are likely to influence whether this support is accessed and/or utilised.

2.4.3 Mental Health Professionals and Clinical Psychology

It is important to look at psychological adaptation in clinical psychologists and CP trainees to highlight potential problems that the profession may need to address through training and continuing professional development.

Studies of mental health professionals generally have shown that these groups are more prone to job stress, alcoholism, suicide, psychosomatic disorders, anxiety, depression, relationship problems and substance abuse (Knutsen, 1977; Willi, 1983; Deutsch, 1985; Cushway, Tyler & Nolan, 1996). Studies have found that the prevalence of distress among psychologists is at least as high and often higher than those in the general population (Boyer, 1984; Laliotis & Grayson, 1985).

In a study of practising psychologists, Thoreson, Miller & Krauskopf (1989) found that overall psychologists were healthy and satisfied with their work and interpersonal relationships and showed high levels of adjustment. However, 10% of the sample experienced distress in the areas of depression, relationships, physical illness, alcohol problems and loneliness. Although the number of psychologists in distress may only be in the minority it does present considerable concern with respect to well-being and effective client work (Pope, Tabachnick & Keith-Speigel, 1987). However, many of the studies on distressed psychologists are from the USA which makes generalisation more difficult.

There has been relatively little research on CP trainees. Cushway (1992) reported that ¾ of CP trainees reported to be moderately to very stressed as a result of clinical training with 59% reporting psychological symptoms measured by the General Health Questionnaire (GHQ). The study showed that course structure and organisational factors accounted for the majority of variance in psychological distress which was greater in the second and third years. It was argued that greater support would help reduce stress (Cushway, 1992). Kuyken et al. (1998) found that CP trainees reported high levels of stress but did not experience extensive problems in psychological adaptation although a significant subgroup reported self esteem problems, work adjustment problems, depression and anxiety. He argued that variations in psychological adaptation were related to both course and person related factors. This points to the role of both personality and situation in influencing psychological adaptation.

2.5 Methodological and Conceptual Issues

Much of the research discussed has encountered a series of methodological problems including lack of clear definitions (Schwarzer & Leppin, 1989), sample bias (e.g. Amrikahn, Risinger & Swickert, 1995) lack of appropriate measures (e.g. Cushway, 1992), lack of normative data and comparison groups (e.g. Cushway, 1992), over reliance on correlational analysis (e.g. Decker & Borgen, 1993; Terry, Nielson & Perchard, 1993) and cross-sectional designs. These problems make generalising from findings and determination of causality difficult and need to be taken into account when considering the studies. For example in the personality and social support research a lack of clarity around definitions is likely to effect the validity of the research concept in question as different concepts may have been measured by different studies (O'Reilly, 1988; McAdams, 1992). The definitions used in this study have been presented in the introduction. Many of the studies under review were cross-sectional which make it difficult to control for temporal anomalies and other confounding variables such as situational factors although Kuyken et al. (1998) addressed this by adopting a longitudinal design. The present study is not able to address all of these methodological problems and is cross sectional in design. However it does hope to address specific questions.

2. 6 Summary

Personality has been shown to be a multidimensional concept that is difficult to define. However by focusing mainly on the trait theorists, whilst touching on psychodynamic theory and social learning theory, it has been argued that particular characteristics are associated with particular reactions to stress, coping, utilisation of support and overall psychological adaptation.

Individuals with a reasonably well adjusted personality, scoring highly on extraversion (**outgoing**), **assertion**, hardiness, optimism, self efficacy, characterised by positive affectivity and holding a strong internal locus of control are more likely to appraise stressful situations as challenges rather than threats, exercise more appropriate coping strategies and utilise social support which may result in better psychological adaptation to any expectation discrepancy and occupational stress. In contrast, individuals with a less well adjusted personality, scoring high on neuroticism (**hesitating**), introversion (**retiring**), low hardiness, optimism and self efficacy, characterised by negative affectivity and holding an external locus of control and a degree of learned helplessness are more likely to appraise stressful situations as threats, exercise more inappropriate emotion-focused coping strategies and less likely to utilise social support which may result in worse psychological adaptation to any expectation discrepancy and occupational stress. The importance of situational determinants as well as personality style have also been highlighted as important when considering psychological adaptation.

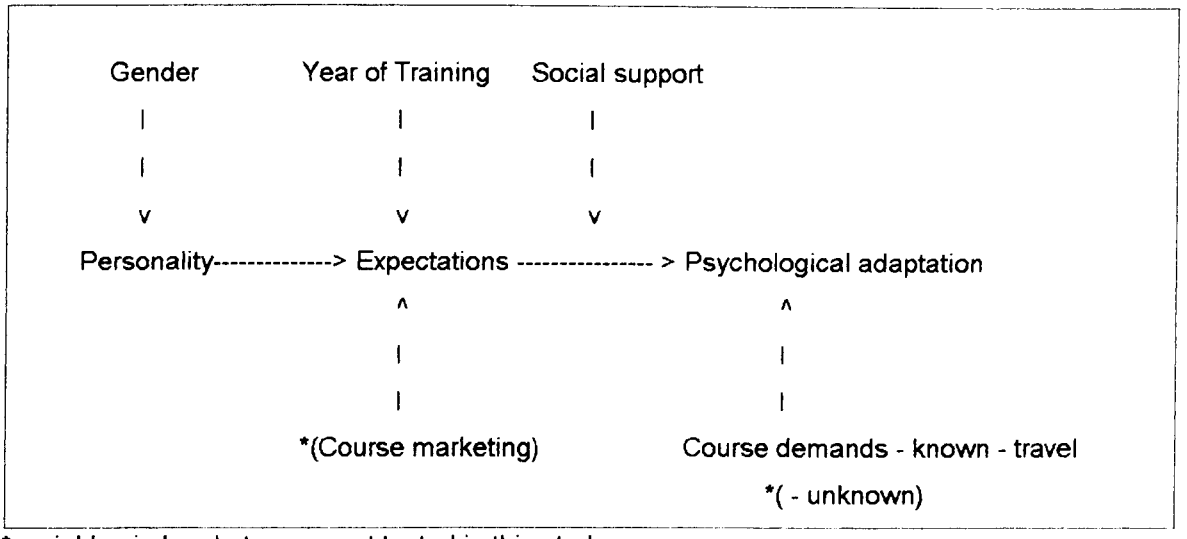
2.7 Rationale and Proposed Model

This study aims to build upon previous research on CP trainees to include an exploration of the relationship between person factors and course stress. It aims to look at the relationships between personality style, expectations and psychological adaptation to training. With regard to psychological adaptation attention will be paid specifically to anxiety, depression, low self esteem and work adjustment as these were shown to be particularly prevalent in a small sub-group of CP trainees in a previous study (Kuyken, 1997).

The literature has shown that certain traits are likely to affect how an individual experiences stress, copes, utilises social support and psychologically adapts. It is argued that those with a less well adjusted personality will adapt less well to expectations discrepancies and stressors on the course which will result in less healthy psychological adaptation, particularly with respect to anxiety, depression and low self esteem. Expectations and social support may act as moderators or mediators of stress if they are respectively realistic and utilised.

Following on from this, the study aims to look at the hypothesised model presented below (figure 1). This proposes that the long standing factors of personality and gender may effect expectations, which in turn may be influenced by year of training and course marketing. In turn these factors may influence psychological adaptation which in turn may be influenced by social support and course demands.

Figure 1 - Model of Personality, Expectations and Psychological Adaptation



* variables in brackets were not tested in this study.

This study will be important in the enquiry as to whether clinical psychology training attracts a certain type of person and how different types of people find and cope with the demands of training across time. Training is often considered to be psychologically and academically demanding by its nature (Cushway, 1992) so differences in personality, expectations and psychological adaptation measures may provide useful information about the possible impact of training at different stages in time. Although ideally a longitudinal study would be able to map individual change, the proposed cross-sectional

study will be able to see if any of the variables under investigation differ between years. These questions have implications for courses in relation to recruitment, training, offering appropriate support and retention. The research questions and hypotheses also have implications for the profession in considering the psychological health of clinical psychologists in the health service and how negative adaptation can be addressed.

2.8 Research Questions, Hypotheses and Testing the Model

In considering the proposed model a number or research questions and hypotheses can be put forward. The hypotheses are not directional and are therefore worded in the null.

Questions

1. What is the overall profile of the whole group of CP trainees in terms of personality style and does this differ between year groups ?

2. What is the overall profile of the whole group of CP trainees in terms of psychological adaptation and does this differ between year groups?

3. What is the overall profile of the whole group of CP trainees in terms of expectations and does this differ between year groups?

4. What proportion of CP trainees experience significant personality adjustment and psychological adaptation problems ?

Null Hypotheses

1. The sample will not differ from the normative samples on measures of personality adjustment and the psychological adaptation measures of anxiety, depression, self esteem and work adjustment.

2. The small subgroup of the sample experiencing significant personality adjustment problems will not differ from the remaining sample on measures of personality characteristics, psychological adaptation, expectations and social support.

Testing the Model

In the final part, models of psychological adaptation will be tested using a series of linear regressions, to examine the extent to which variation on work adjustment, anxiety, depression and self esteem (as dependent variables) are predictable from variations in a set of putative independent variables, which include demographic variables, personality adjustment, expectations and the discrepancy between actual and ideal social support (Figure 1, page 18).

3. METHOD

3.1 DESIGN

A within and between groups design was used to examine the personality styles, psychological adaptation, expectations and support of CP trainees. The study was cross sectional and recruited participants at one time point from across the three years of training. The between group variables included 'year' of training and 'gender'. The method of data collection was a quantitative postal study based on a combination of standardised measures and one measure designed specifically for this investigation.

3.2 PARTICIPANTS

All first, second and third year CP trainees from 15 randomly selected Clinical Psychology training courses (using computer generated random numbers) were invited to participate (total available sample = 639 trainees). The number of trainees invited to participate was expected to guarantee an adequate sample given a probable minimum return rate of 60%. This was based on expected effect sizes of approximately 0.33 standard deviations in adaptation scores between years found in an earlier study (Kuyken, 1997). The final sample was made up of 364 participants which signified a 57% return rate.

3.3 MEASURES

The selected measures were distinguished as either assessing the enduring personality styles of trainees or the psychological adaptation and experiences of trainees. Demographic data were also collected.

3.3.1 Personality Style

A personality inventory was chosen to measure the more enduring characteristics of trainees. The **Millon Index of Personality Styles (MIPS)** (Millon, 1994) was chosen because it was thought to provide a good all round measure of personality which had been standardised on a non-clinical population (Millon, 1994). It also does not require the Level B test training which is necessary with other personality measures such as the

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more abstract and speculative sources of knowledge (intuiting). The second two pairs, Thinking or Feeling, and Systematising or Innovating, look at different styles of processing information once it has been gathered (Millon, 1994). The first of these assesses the degree to which a person processes knowledge through logic and analytical reasoning (thinking) or evaluate more subjectively the impact of their actions on others (feeling). The last pair assesses the degree to which a person adopts a highly organised and predictable approach to life (systematising) or adopt a more creative and risk taking approach (innovating).

Interpersonal Behaviour

These five pairs look at an individual's style of relating to others and whether it is generally Retiring or Outgoing, Hesitating or Asserting, Dissenting or Conforming, Yielding or Controlling, and Complaining or Agreeing (Millon, 1994).

Retiring or outgoing assesses the extent to which a person is characterised by lack of affect and social indifference (retiring) as opposed to those who characterised by seeking social stimulation, excitement and attention (outgoing). Hesitating of Asserting assesses the degree to which a person is timid and nervous in social situations with a strong wish to be liked and accepted (hesitating) in contrast to those who feel more gifted than others, ambitious, egocentric, self assured and outspoken (asserting). Dissenting or Conforming assesses the degree to which a person acts out in an independent and non-conforming manner (dissenting) as opposed to acting in a is self controlled and co-operative manner (conforming). Yielding or Controlling assesses the extent to which a person is submissive and self-demeaning (yielding) as opposed to forceful, domineering and socially aggressive (controlling). Complaining or Agreeing assesses the extent to which an individual tends to be passive-aggressive, sullen and generally dissatisfied (complaining) as opposed to those who tend to be highly likeable socially and people pleasers (agreeing).

Development

The MIPS was developed on a sample of 1,000 adults (500 male, 500 female) between the ages of 18-65 in the USA . It has been argued to be a largely reliable and valid measure (Millon, 1994).

Reliability

Internal reliability was shown using both coefficient alphas and split-half reliability's for each MIPS scale, gender and overall adjustment. For the combined adult sample the median alpha was 0.775. The median split half reliability across the 24 MIPS scales for the combined adult sample was 0.82 (Millon, 1994).

Test re-test reliability was assessed in a sample of 50 adults, with an average interval of two months between the first and second administration of the MIPS. The range of test re-retest reliability was between r = 0.73 and r = 0.91, the median was r = 0.85. (Millon, 1994)

Validity

Internal Validity was established by assessing the Scale-Item overlap and the Scale Intercorrelations. Scale-Item overlap refers to the percentage of overlap among MIPS scales due to multiple keying of items on more than one scale and was calculated using an adaptation of the formula provided by Guildford (1936). Scale Intercorrelations showed that, as anticipated in theory, high negative correlations were observed between polar opposite scales and high correlations were found between theoretically related concepts (Millon, 1994).These tests of internal validity have been argued to show that the MIPS scales overlap and intercorrelate in a variety of ways. However, overall, it was argued that a pattern of converging and diverging relationships emerged among the scales which are consistent with expectations based on the nature of the constructs being measured (Millon, 1994).

External validity was established by examining the statistical relationships found between the MIPS scales and seven other tests including the Sixteen Factor Personality Questionnaire (Cattell, Eber & Tatsouka, 1970) and the California Psychological Inventory (Gough, 1987). Millon (1994) argues that the patterns of convergent and divergent correlation between the MIPS and other tests of personality are largely consistent with expectation.

3.3.2 Psychological Adaptation

A Psychological Adaptation measure was chosen to assess the psychological state of CP trainees over the last month. **The Employee Assistance Program Inventory** (EAPI), (Anton & Reed, 1994) (Appendix 2) was chosen as it appeared to be the most appropriate way to measure psychological adaptation in a non-clinical sample of employees partaking in clinical work. This was also chosen by Kuyken (1998) in a study using a sample of CP trainees. It was chosen with an aim of replicating Kuyken's (1997) results and seemed an appropriate measure for the psychological states of individuals in relation to personality and experience.

The EAPI was designed as an assessment measure for employees in Employee Assisted Programs that provide counselling and other services to working adults. The participants have to respond to 120 items by indicating if a statement is false, slightly true, mainly true or very true. This questionnaire enables the identification and profiling of psychological problems by looking at several dimensions of psychological adaptation. These consist of stress, self-esteem, work adjustment, depression, external stressors, family problems, anxiety, interpersonal conflict, substance abuse, marital problems and positive feelings. Scales are scored through simple summative scaling (some items reversed) with the larger scores (range 10-48) in each domain suggesting greater problems in that area. Anton & Reed (1994) also provide guidelines for comparisons with normative data by calculating *T* scores.

Development, Reliability and Validity

The EAPI was standardised and validated for use with employed adults aged 18 and above. Normative data were obtained by surveying 1,266 adults between the ages of 18 to 76 in the USA (Anton & Reed, 1994).

The EAPI was developed by surveying 200 randomly selected professionals who were members of the Employee Assistance Program Association. They were asked to select ten areas of psychological concerns e.g. anger, stress, marital problems. This identified the content areas of the EAPI. A pool of 334 items were elicited to fit into the ten categories. These were refined through panels who were asked to sort items into

appropriate scales and an item analysis and internal consistency reliability study. After refinement 120 items were selected to comprise the EAPI, with each of the 10 sub scales having 12 items (Anton & Reed, 1994). Internal reliability coefficients ranged form 0.73 to 0.92, with a mean of 0.86.

Validity was examined in seven convergent and discriminant validation studies, one experimental simulation study, and one study comparing group means. Anton and Reed (1994) argue that the eight validation studies provide empirical evidence to support the validity of the EAPI scales. This is argued to demonstrate that the EAPI is a sensitive measure of adjustment problems and psychological distress in employed adults (Anton & Reed, 1994).

3.3.3 Expectations

A questionnaire was specifically constructed for use in the present study to look at retrospective **expectations** of trainees and whether these had been met, or were better or worse than expected (Appendix 3). Areas of investigation were generated by consulting 1st year CP trainees on the South Thames (Salomons) Clinical Psychology Training Scheme. This was done by collating information from posters they had completed on expectations of training as part of their induction programme and organising a focus group (Stewart & Shamdasani, 1990) where areas of expectations were elicited from an informal discussion. Identified areas formed the basis of the questionnaire.

This was a 28 item questionnaire which investigated expectations about: clinical supervision, formal clinical teaching (non research), support from peers and course staff, clinical work, formation of personal and professional identity, impact of training on life and research training. Participants respond by circling a number on a 7 point Likert scale which indicates if there experience was as expected or better or worse than expected.

Development, Reliability and Validity

This questionnaire was piloted on 17 trainees from the 1st, 2nd and 3rd years which, together with discussions with course staff, led to small changes and the development of the final version of the questionnaire.

Reliability of Interpretation of Focus Group Data

An inter-rater reliability test was conducted by asking an independent marker to put generated questionnaire items into categories thought to be most appropriate e.g. 'travel' into 'impact on life' etc. Those items which were ambiguous were taken out e.g. 'challenging' under 'clinical work'. Inter-rater reliability was established by using Cohen's Kappa which gave a median score of 0.7.

Test re-test reliability was assessed in a sample of 17 trainees, with a median interval of one month between the first and second administration of the Expectations measure. The range of retest reliability was between r = 0.736 and r = 0.956, with a median score of r = 0.836.

Validity

The expectations measure appeared to have a reasonable degree of face validity. A degree of content validity was established through the questionnaire development which involved both trainees and course staff.

As far as possible, within the time constraints, the expectations measure appeared to be a reasonably valid and reliable measure. However, it is desirable to spend additional time developing this measure in the near future to address these issues adequately.

3.3.4 Social Support

A sub scale from the **Significant Others Scale** (SOS) (Power, Champion & Aris, 1988) (Appendix 3) was chosen to assess social support from a confidante a trainee relies on most outside of work. This was used in previous research on CP trainees (Kuyken, 1997) which showed that those who had support from a confidante tended to be more psychologically adapted. This was therefore chosen to replicate this finding and examine the relationship between support, expectations and personality.

The SOS assesses an individual's self ratings of actual and ideal emotional and practical support, and the discrepancy between ideal and actual support. The sub-scale consists of 4 items of actual and 4 items of ideal emotional and practical support statements and participants respond by circling a response on a 7 point Likert scale (1 = never, to, 7 =

always). The discrepancy score provides an index of likely satisfaction with the support from the confidante. High scores suggest a greater satisfaction with support experienced (Power et al., 1988).

Development, Reliability and Validity

Power et al. (1988) argue that the SOS shows satisfactory reliability and validity. Test-retest reliability over a six month interval ranges from 0.73 to 0.83 across the summary support scores. Criterion validity was tested by comparing the scores of three groups (non cases, depressed cases, non depressed cases) based on the General Health Questionnaire 28 (Goldberg & Hillier, 1979) scores. Significant differences were found in ideal and discrepancy scores.

Discriminant validity for ideal and discrepancy scores was demonstrated by comparing different groups. The SOS demonstrated some degree of predictive validity e.g. over a six month period in depressive symptomatology when controlling for symptoms at time one (Power et al., 1988).

3.3.5 Demographic data.

The demographic data collected were: year of training, gender, age, partnership status, number of dependants and travel times (Appendix 4).

3.4 PROCEDURE

3.4.1 Pilot Work

Before questionnaire packs were distributed a pilot study was undertaken. Four trainees on the South Thames (Salomons) Clinical Psychology Training Scheme were asked to complete the questionnaire packs and comment on the *process* of completion (Appendix 5). A number of comments were made which helped to re-word the covering letter to trainees and change the procedure for responding on the MIPS questionnaire by replacing the answer sheet with on questionnaire answering. Respondents took between 40 - 50 minutes to complete the questionnaire pack.

3.4.2 Distribution

Permission was obtained to carry out the study from the 15 course directors of the identified Clinical Psychology Training Schemes by asking them to read through the research proposal, respond to ethical considerations and return a reply form (Appendix 6). An identified debriefer was established by nine of the fifteen courses and all identified an administrator with whom to liaise. To maximise the response rate a number of suggestions by Streiner & Norman (1989) were considered. These included careful wording of the covering letter (Appendix 7), anonymity, personalisation, enclosing a pre-paid addressed envelope, reasonable questionnaire length and follow-up. The follow-up took the form of a poster for the notice boards of courses which was circulated three weeks after distribution, encouraging trainees to respond (Appendix 8).

The correct number of questionnaire packs for 1st, 2nd and 3rd year trainees was sent by post to the administrators of the participating courses. They were then addressed and placed in trainees' pigeon holes for collection.

3.5 ETHICAL CONSIDERATIONS

Ethical approval was given for the study by the Salomons Ethics Panel (Appendix 9). Ethical considerations were addressed by referring to the British Psychological Society Code of Conduct, Ethical Principles and Guidelines (BPS, 1998).

Informed consent

Participants were invited to participate in the study by way of a covering letter. This contained a brief description of the study, outlined the aims and alerted participants to the types of questions contained in the study so they could make an informed choice as to whether they wished to participate. The aims and purpose of the study were made explicit in the covering letter. Completion and return of the questionnaire pack was taken as consent to participate, since potential respondents were free to not respond.

Confidentiality

All questionnaires were anonymous and confidentiality was stressed in the covering letter. Identification was only by year, course, age and gender. Demographic data, which could potentially identify participants, was treated in the strictest confidence and shredded once the data set was complete. Completed questionnaires were stored in a locked filing cabinet, to which the author had sole access, and shredded once the study was complete. Potential participants from the Salomons Clinical Psychology Training Scheme (CPTS) were not be asked to participate due to the author's relationship with them and the problem that total anonymity could not be obtained due to demographic details that might potentially identify a participant.

Debriefing

The questionnaires contained material that could potentially raise personal issues due to their focus on individual personality and psychological adaptation. In order to respond to any such issues a number of considerations were made.

(1) A sheet was attached to the end of the questionnaire pack for participants to engage in self debriefing if they chose (appendix 10). This provided an opportunity for participants to comment on the process and content of the questionnaires and how they felt about participating. Trainees were given the choice of returning the completed sheet with the completed questionnaire packs.

(2) The majority of courses (nine out of fifteen) agreed to appointing a named member of clinical staff with whom the author could liaise and act as a personal debriefer to CP trainees if required. Once named they were invited to contact myself, having read the research proposal, should they wish to talk further of their role as debriefer. Their name was put on the covering letters to participants. It was hoped that if a participant approached them they would be able to either talk with the participant or direct them to the most appropriate form of support.

(3) The phone number of a trained clinical member of staff from the Salomons Clinical Psychology Training Scheme was provided on the covering letter to all participants.

Participants were invited to contact this person if they felt the need to talk to someone away from their course. The member of staff would act as a debriefer in the same way as the appointed course person.

(4) The author's and research supervisor's name and number were provided on the covering letter. Participants were invited to contact them directly if they wished to talk about any related issues.

Debriefing was to include consideration of both the content, process and effect of completing the questionnaires packs.

It was hoped that participants were given enough choice of contacts to utilise if they felt that personal issues were raised for them. This was to ensure ample opportunities for debriefing were available if required.

Withdrawal from research

Participants were free to withdraw from the research. They were invited to contact the author before April 1999 with their personal demographic data in order that they could be eliminated from the data set.

Protection of participants

As in the points made earlier; (a) participants were able to make an informed choice, (b) anonymity and confidentiality were preserved (c) participants could have access to debriefing, and (d) were free to withdraw from the research.

Giving advice

In the context of debriefing advice would only be given by trained clinical psychologists if thought to be appropriate, but was not actively encouraged.

It was hoped that the above ethical considerations would enable the participant to be fully aware and, if necessary, supported, when participating in this research. Although it was

not envisioned any major distress would be caused, it was hoped that the safeguards were in place should this occur.

Feeding back results

An abridged copy of the completed study will be sent to all participating courses for them to place in the library. Participants and staff of courses involved will be sent a memo informing them of this and inviting them to read it if they wish.

4.0 RESULTS

The results obtained from the quantitative analyses are presented in three parts. Firstly the integrity of the data is examined and the choice of statistical tests is discussed. Secondly the scoring procedures of the different measures are reviewed. Finally the demographic data and the results obtained for each research question and hypotheses are presented.

4.1 Quantitative Analyses

4.1.1 Establishing the Integrity of the Data and Choice of Statistical Tests

Data were analysed using SPSS for Windows (Norušis, 1990). Preliminary examination of data using histograms indicated the data were roughly normally distributed (Appendix 11). The standardised questionnaires (MIPS, EAPI and SOS sub scale) and the constructed Expectations questionnaire were therefore felt to fulfil the criteria for the use of parametric tests. Non parametric tests were used with demographic data and for comparisons within the data set where data were categorical and/or sub groups of unequal sizes were compared. The large number of tests performed on the data suggested that a significance level of $p < .01$ should be used. However, a significance level of up to $p < .05$ is used to define trends in the data because this level was technically not significant according to the significance level chosen but it does reach the usual level regarding statistical significance.

Alongside descriptive statistics, the statistical tests used in this study included Chi square, t tests, one-way ANOVA 's, Mann Whitney and a hierarchical multiple regression.

4.2 Scoring Procedures

4.2.1 Millon Index of Personality Style (MIPS)

The 24 sub-scale scores of the MIPS were converted into prevalence scores (PS). The PS values allow a comparison with normative prevalence scores. A person who scores PS 50

or above is likely to display the characteristics measured by that scale. The higher the score the more pronounced the characteristic (Millon, 1994).

An overall adjustment score, which used a formula involving 12 sub scale items, was calculated and converted into a *T* score. The *T* score allows a comparison of adjustment with normative scores in the standardisation sample which have a mean of 50 and standard deviation of 10 (Millon, 1994). Therefore a *T* score of > 50 shows increasing degrees of adjustment and a *T* score < 50 shows decreasing degrees of adjustment. A cut-off score of <35 indicates significant problems with personality adjustment.

4.2.2 Employee Assistance Programme Inventory (EAPI)

Nine of the 10 sub scales of the EAPI were converted into *T* scores. The *T* scores are linear transformations of the raw score scales which allow comparisons of adjustment with normative scores in the standardisation sample which have a mean of 50 and a standard deviation of 10. As opposed to the MIPS, a *T* score of > 50 shows decreasing degrees adjustment and a *T* score < 50 shows increasing degrees of adjustment. A cut-off score of >60 indicates significant problems in adaptation on that particular variable.

The sub-scale of Substance Abuse is not converted into a *T* score due to an extreme positive skew in the standardisation sample (Anton & Reed, 1992). Instead a cut-off raw score of 16 is used, where a score of 16 or above indicates significant problems.

4.2.3 Significant Others Scale (SOS)

The sub-scale of the SOS used in this study gave three scores. The total amount of practical support was obtained by adding the scores for the two practical support items, the total amount of emotional support was obtained by adding the scores for the two emotional support items. In each case totals were then divided by two to give a mean score. A discrepancy score was calculated by subtracting the ideal support from the actual support received on all items.

4.2.4 Expectations Questionnaire

The Cronbach's Alpha statistic was used on the Expectations questionnaire to establish the internal consistency of scale items. All sub scales gave an alpha score of 0.7 or above (Clinical Supervision = .88; Clinical Teaching = .88; Support = .81; Clinical Work = .78; Personal and Professional Identity = .73; Impact on Life = .76; Research Teaching = .85) indicating there was reasonable internal consistency among sub scale items. Scoring consisted of calculating the mean scores for each of the six sub scales.

4.3 Demographic Data

The demographic data of the 364 participants are presented in Table 2.

Table 2- Demographic Data of the CP Trainee Participants

Age	Mean = 28, SD = 3.89 Minimum = 22, Maximum = 47
Gender	Female n = 301 (83%) Male n = 56 (15%) Unspecified n = 7
Year	Year 1 n = 127 (35%) Year 2 n = 122 (34%) Year 3 n = 108 (30%) Unspecified n = 7
Partnership Status	Single n = 143 (40%) With a partner n =203 (57%) Separated or Divorced n = 8 (2%) Unspecified n = 10
Dependants	No dependants n = 323 (89%) With dependants n = 32 (9%) Unspecified n = 10
Return travel time to placement	Mean = 1 hr 17 mins, SD = 53.24 minutes Minimum = 5 mins, Maximum = 5 hours

Representativeness of Sample - The demographic data were broadly consistent with previous research on CP trainees (Kuyken , 1997; Cushway, 1992) and broadly consistent with CP trainees nationally (Clearing House for Postgraduate Courses in Clinical Psychology Equal Opportunities data, 1996, 1997).

A Chi Square one sample test indicated that CP trainees from each year responded in approximately equal proportions (X^2 = 1.630, df = 2, p = .443). Chi Square tests also showed no significant differences in gender proportions (X^2 = 1.114, df = 2, p = .573), partnership status (X^2 = .062, df = 2, p = .969), and those having dependants (X^2 = .408,

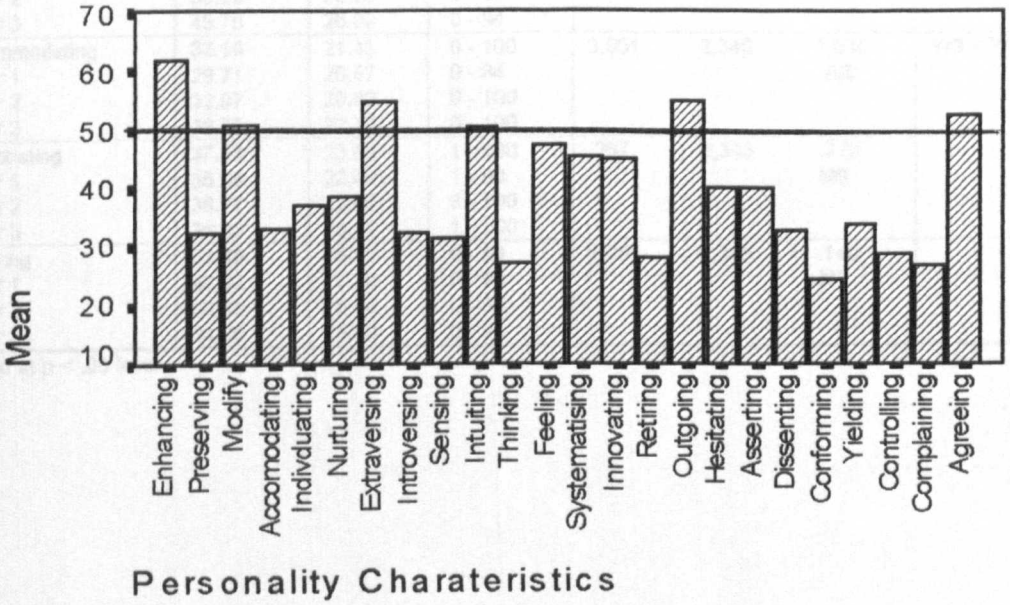
df = 2, p = .816) between years. One way ANOVA and post hoc Scheffe tests showed that, as expected, 3rd years were significantly older than first years (f = 4.972, df = 2, 352, p < .01) and first years travelled for significantly longer amounts of time than third years (f = 3.616. df = 2, 351, P < .05).

4.3 Analyses addressing Research Questions and Hypotheses

4.3.1 Research question 1 : What is the overall profile of the whole group of CP trainees in terms of Personality and does this differ between year groups?

The PS scores of each personality characteristic were calculated for the whole group (Figure 2) and individual years (Table 3, 4, & 5,). This showed that the CP trainees who responded were in general, as part of their personality style (PS >= 50) and in descending order, enhancing (mean = 63.11), extraversing (mean = 54.46), outgoing (mean = 53.82), agreeing (mean = 52.51) and modifying (mean = 50.45). The remaining characteristics were less prominent in their personality style.

Figure 2. Personality Characteristics of the Whole Sample of CP Trainees



Motivating Aims

The general sample of CP trainees was characteristically enhancing and modifying with respect to motivating aims. They were characteristically least likely (PS < 35) to be preserving (mean = 12.72) and accommodating (mean = 33.10). There were no significant differences between the year groups with respect to motivating aims (Table 3). However modifying and accommodating variables were approaching significance and Post Hoc Scheffe tests on one way ANOVA's showed that 3rd years were less modifying than 1st years, and 1st years were likely to be more accommodating, with respect to fitting into their environment, than 3rd years.

Table 3. Personality Characteristics - Motivating Aims of the whole group and individual years

				Between Year ANOVA results			Scheffe Post Hoc	
Personality Variable	**PS Mean**	**SD**	**Min - Max**	**F**	**df**	**p**		**p**
Enhancing	61.44	22.26	0 - 95	1.190	2,342	.150		
- year 1	63.01	21.40	0 - 92			NS		
- year 2	63.10	24.13	0 - 95					
- year 3	57.79	23.23	0 - 95					
Preserving	12.72	8.50	0 - 40	.546	2, 340	.580		
- year 1	12.40	8.32	0 - 40			NS		
- year 2	12.45	8.76	0 - 40					
- year 3	13.42	8.49	0 - 38					
Modifying	50.45	24.04	0 - 97	3.551	2,342	*.049	Yr3 > Yr1	.031
- year 1	54.15	22.91	0 - 97			NS		
- year 2	50.99	22.73	0 - 97					
- year 3	45.76	26.02	0 - 94					
Accommodating	33.10	21.43	0 - 100	3.051	2,340	*.030	Yr3 < Yr1	.049
- year 1	29.71	20.57	0 - 84			NS		
- year 2	32.97	20.80	0 - 100					
- year 3	36.75	22.79	0 - 100					
Individuating	37.53	23.00	1 - 100	.257	2,343	.773		
- year 1	38.38	22.40	1 - 90			NS		
- year 2	36.77	22.90	3 - 100					
- year 3	36.36	23.14	1 - 100					
Nurturing	38.39	26.53	0 - 93	1.981	2,335	.140		
- year 1	40.02	27.30	0 - 93			NS		
- year 2	40.95	25.54	0 - 93					
- year 3	34.28	26.52	0 - 93					

* trend at p < .05 level

Cognitive Modes

The general sample of CP trainees was characteristically extraversing. They were characteristically least likely (PS < 35) to be thinking (mean = 27.43), sensing (mean = 31.86) and introversing (mean = 33.03). There were no differences between the year groups for cognitive mode characteristics except for systematising (Table 4). Post Hoc Scheffe tests on one way ANOVA's showed that 3rd years were significantly less systematising than 1st and 2nd years.

Table 4. Personality Characteristics- Cognitive Modes of the whole group and individual years.

				Between Year ANOVA Results			Scheffe Post Hoc	
Personality Variable	**PS Mean**	**SD**	**Min - Max**	**F**	**df**	**p**		
Extraversing	**54.46**	23.09	0 - 89	1.360	2, 340	.258		
- year 1	57.17	22.99	0 - 86			**NS**		
- year 2	53.14	24.20	0 - 89					
- year 3	52.65	21.91	0 - 86					
Introversing	**33.03**	23.66	5 - 100	.283	2,344	.754		
- year 1	31.59	22.73	5 - 100			**NS**		
- year 2	33.80	23.29	5 - 97					
- year 3	33.17	24.85	5 - 97					
Sensing	**31.86**	24.98	0 - 100	.646	2,345	.525		
- year 1	34.06	26.75	0 - 100			**NS**		
- year 2	30.74	21.83	0 - 89					
- year 3	31.08	24.18	0 - 81					
Intuiting	**49.44**	26.05	0 - 100	.515	2,343	.598		
- year 1	50.67	27.33	0 - 100			**NS**		
- year 2	49.30	25.53	0 - 100					
- year 3	47.17	25.13	0 - 100					
Thinking	**27.43**	20.69	0 - 100	.756	2,337	.471		
- year 1	29.10	21.27	0 - 100			**NS**		
- year 2	26.34	19.53	2 - 100					
- year 3	26.20	20.07	2 - 95					
Feeling	**46.86**	25.83	0 - 100	1.317	2,331	.269		
- year 1	47.76	27.53	0 - 98			**NS**		
- year 2	48.92	24.62	0 - 95					
- year 3	43.44	24.88	0 - 100					
Systematising	**44.46**	25.31	0 - 92	9.094	2,336	<.001	Yr3 < Yr1	<.001
- year 1	49.20	23.25	0 - 92				Yr3 < Yr2	.003
- year 2	47.83	25.29	0 - 87					
- year 3	36.15	25.80	0 - 89					
Innovating	**44.62**	26.32	0 - 100	1.107	2,334	.332		
- year 1	46.44	28.12	0 - 100			**NS**		
- year 2	41.45	25.66	0 - 100					
- year 3	45.11	24.85	0 - 100					

Interpersonal Behaviour

The general sample of CP trainees was characteristically outgoing and agreeing with respect to interpersonal behaviour. They were characteristically least likely (PS < 35) to be conforming (mean = 24.05), complaining (mean = 27.15), controlling (mean = 28.16), retiring (mean = 28.60), dissenting (mean = 32.72) and yielding (mean = 33.88). There were no differences between the year groups for interpersonal behaviour characteristics except for asserting (Table 5). Post Hoc Scheffe tests on one way ANOVA's showed that 1st years were significantly more asserting than 3rd years and there was a trend towards 3rd years being less conforming than 1st years.

Table 5. Personality Characteristics - Interpersonal Behaviours of the whole group and individual years

				Between Year ANOVA Results			Scheffe Post Hoc	
Personality Variable	**PS Mean**	**SD**	**Min - Max**	**F**	**df**	**p**		**p**
Retiring	**28.60**	19.95	4 - 100	.853	2,344	.427		
- year 1	26.59	18.43	4 - 100			**NS**		
- year 2	29.60	21.83	5 - 100					
- year 3	29.39	19.43	5 - 98					
Outgoing	**53.82**	23.55	0 - 100	1.788	2,341	.169		
- year 1	56.81	23.58	0 - 100			**NS**		
- year 2	53.18	23.98	0 - 99					
- year 3	50.98	23.13	0 - 97					
Hesitating	**40.89**	22.96	5 - 100	1.696	2,338	.185		
- year 1	37.65	20.32	9 - 100			**NS**		
- year 2	42.21	24.53	9 - 100					
- year 3	42.54	23.24	5 - 100					
Asserting	**39.49**	22.22	0 - 89	6.296	2,336	.002	Yr1 > Yr3	.002
- year 1	44.50	20.92	0 - 89					
- year 2	39.38	22.00	0 - 93					
- year 3	34.06	22.89	0 - 84					
Dissenting	**32.72**	16.26	0 - 93	1.034	2,334	.357		
- year 1	32.63	15.83	0 - 85			**NS**		
- year 2	30.98	17.19	0 - 93					
- year 3	34.19	15.93	0 - 77					
Conforming	**24.05**	22.36	0 - 79	4.110	2,338	*.017	Yr 3 > Yr 1	*.028
- year 1	27.05	22.83	0 - 76			**NS**		
- year 2	25.95	23.31	0 - 79					
- year 3	19.07	20.16	0 - 70					
Yielding	**33.88**	20.94	2 - 100	1.097	2,337	.335		
- year 1	32.06	18.89	2 - 93			**NS**		
- year 2	33.46	21.88	2 - 100					
- year 3	36.20	22.26	3 - 97					
Controlling	**28.16**	22.36	1 - 98	1.876	2,339	.155		
- year 1	30.76	19.79	2 - 98			**NS**		
- year 2	27.44	19.93	1 - 89					
- year 3	25.85	18.85	3 - 93					
Complaining	**27.15**	17.17	0 - 100	0.883	2,336	.415		
- year 1	25.88	16.17	3 - 95			**NS**		
- year 2	26.21	18.57	0 - 100					
- year 3	28.72	16.39	3 - 76					
Agreeing	**52.51**	23.76	0 - 100	1.000	2	.369		
- year 1	51.34	22.23	0 - 92			**NS**		
- year 2	55.29	23.89	0 - 100					
- year 3	51.55	25.41	0 - 100					

* trend at p < .05 level

Overall Personality Adjustment

The general sample of CP Trainees was well adjusted with respect to overall personality characteristics. There were no significant differences between year groups (Table 6).

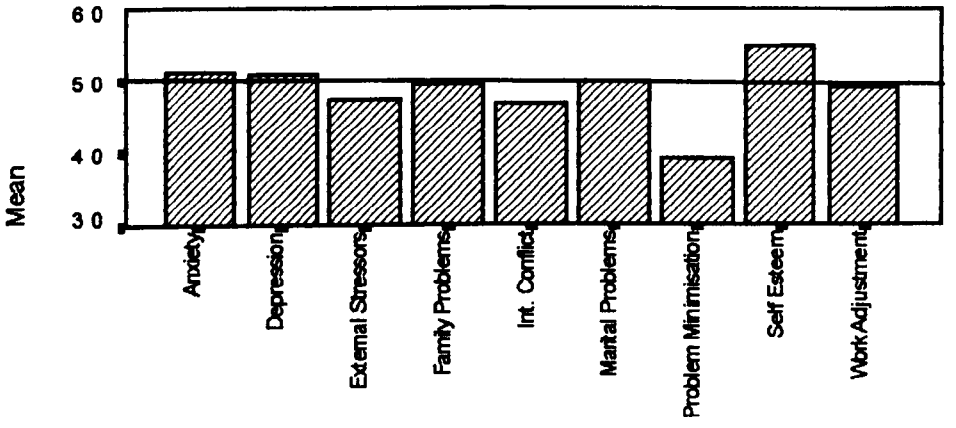
Table 6 - Overall Personality Adjustment Score for the whole group and individual years.

				Between Year ANOVA Results			Scheffe Post Hoc
Personality Variable	**PS Mean**	**SD**	**Min - Max**	**F**	**df**	**p**	**p**
Adjustment Score	**53.66**	13.52	10 - 75	1.708	2,317	.183	
- year 1	55.02	12.55	10 - 74			**NS**	
- year 2	54.10	14.51	13 - 75				
- year 3	51.62	13.65	12 - 75				

4.3.2 Research question 2 : What is the overall profile of the whole group of CP trainees in terms of Psychological Adaptation and does this differ between year groups?

The *T* scores of each psychological adaptation scale were calculated for the whole group (Figure 3) and individual years (Table 7). This shows that the general sample of CP trainees (*T* =/>50) had a tendency towards self esteem problems (mean = 54.98), Anxiety (mean = 51.27), and Depression (mean = 50.95) as opposed to work adjustment problems, external stressor problems, family problems, partner problems, problem minimisation and substance abuse. However these were not significantly problematic.

Figure 3 - Psychological Adaptation of the Whole Sample of CP Trainees



One-way ANOVA's showed that there were differences between year groups in work adjustment problems and depression (Table 7). Post Hoc Scheffe tests showed that 2nd and 3rd years had significantly more work adjustment problems than 1st years. Results approaching significance (P < .05) showed a trend towards third years being more depressed than 1st years.

Table 7 - Psychological adaptation of the whole group and individual years

				Between Year Results ANOVA			Scheffe Post Hoc	
Psychological Adaptation Variable	**Mean**	**SD**	**Min - Max**	**F**	**df**	**p**		**p**
Self Esteem Problems	**54.98**	10.45	34 - 80	.773	2,347	.463		
- year 1	54.02	9.70	34 - 80			**NS**		
- year 2	55.64	10.75	34 - 80					
- year 3	55.13	10.78	34 - 80					
Work Adjustment Problems	**48.98**	8.20	36 - 78	8.524	2,349	.002	Yr1< Yr2	.004
- year 1	46.62	7.34	36 - 65				Yr1< Yr3	.006
- year 2	49.59	7.89	36 - 74					
- year 3	50.84	8.95	36 - 78					
Depression	**50.95**	9.37	39 - 80	3.871	2,350	*.028	Yr3 > Yr1	* .024
- year 1	49.54	8.35	39 - 80			**NS**		
- year 2	50.66	8.80	39 - 80					
- year 3	52.91	10.78	39 - 80					
External Stressors	**47.27**	8.55	14 - 80	.7925	2,350	.454		
- year 1	46.61	7.65	38 - 71			**NS**		
- year 2	47.97	9.98	39 - 80					
- year 3	47.05	7.53	14 - 68					
Family Problems	**49.30**	8.73	40 - 80	1.061	2,348	.347		
- year 1	48.49	7.32	40 - 80			**NS**		
- year 2	49.22	8.99	40 - 80					
- year 3	50.17	9.90	40 - 80					
Anxiety	**51.27**	9.66	39 - 80	1.366	2,349	.256		
- year 1	51.00	9.07	39 - 77			**NS**		
- year 2	50.43	9.63	39 - 80					
- year 3	52.89	10.26	39 - 80					
Interpersonal Conflict	**46.92**	6.89	35 - 80	1.056	2,347	.350		
- year 1	46.20	6.79	38 - 71			**NS**		
- year 2	47.12	6.50	38 - 73					
- year 3	47.48	7.53	35 - 80					
Marital Problems	**49.89**	6.22	40 - 80	.0552	2,341	.946		
- year 1	49.79	6.03	44 - 70			**NS**		
- year 2	49.90	5.90	44 - 72					
- year 3	50.07	6.91	44 - 80					
Problem Minimisation	**39.03**	8.19	20 - 67	2.265	2,341	.105		
- year 1	40.39	8.04	22 - 65			**NS**		
- year 2	38.76	8.18	20 - 59					
- year 3	38.22	8.00	20 - 67					
Substance Abuse	**14.01**	2.38	12 - 28	.0442	2,350	.643		
- year 1	14.19	2.46	12 - 24			**NS**		
- year 2	13.90	2.16	12 - 27					
- year 3	14.01	2.57	12 - 28					

* trend at P < .05 level.

4.3.3 Research question 3 : What is the overall profile of the whole group of CP trainees in terms of Expectations and does this differ between year groups?

The mean scores were calculated for each expectation scale of the whole sample (Figure 4) and individual years (Table 9). A score of 4 signifies expectations have been met, below 4 signifies experiences have been worse than expected and above 4 signifies experiences have been better than expected. A one sample t test was performed on the expectations data, using 4 (as expected) as the criterion value, to ascertain whether the sample of CP trainees' expectations differed significantly from this value (Table 8).

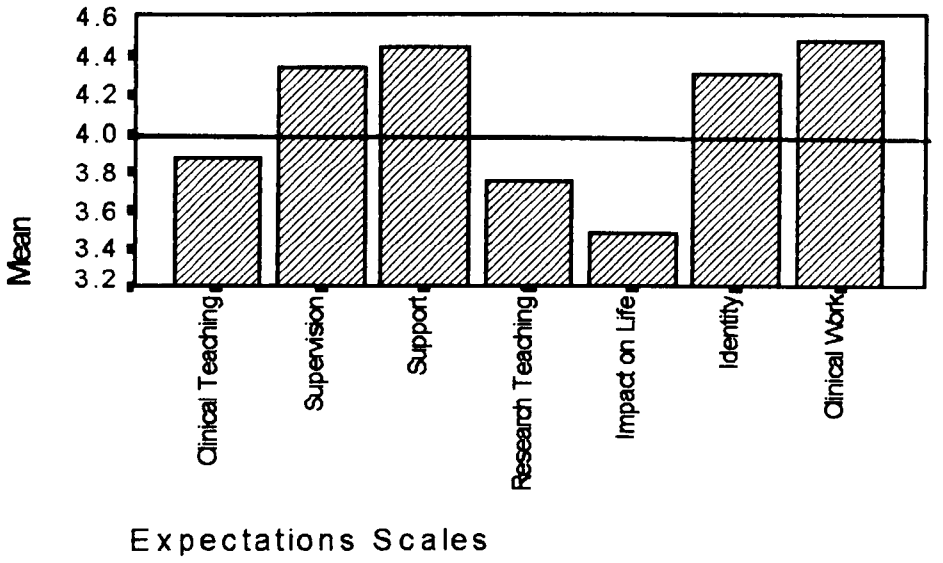
Table 8 - Results of the one sample t tests investigating whether expectations were significantly different from the criterion value of 4 = As expected.

				T Test Results		
Variables	**N**	**Mean**	**SD**	**t**	**df**	**p**
Supervision	357	4.35	.904	7.03	356	<.001
Clinical Teaching	363	3.88	1.046	-2.23	362	*.027 NS
Informal and Formal Support	363	4.44	.938	8.92	362	<.001
Clinical Work	363	4.47	.990	9.13	362	<.001
Formation of personal and professional identity	359	4.30	1.013	5.65	358	<.001
Impact on Life	360	3.48	.928	-10.62	359	<.001
Research Teaching	346	3.75	1.038	-4.45	345	<.001

* trend at p < .05 level.

The results showed (Table 9) that supervision, informal and formal support, clinical work and the formation of personal and professional identity experiences were all significantly better than expected. Research teaching and impact on life experiences were significantly worse than expected. The experience of clinical teaching was not significantly better or worse than expected but there was a trend towards this being worse than expected.

Figure 4 - Expectations of the Whole Sample of CP Trainees



One-way ANOVA's showed that there were differences between year groups, in the degree to which expectations were met, in supervision, clinical teaching, research teaching and impact on life (Table 9). Post Hoc Scheffe tests showed that: Ist years found supervision, clinical teaching, research teaching and impact on life significantly better than expected compared to 2nd and 3rd years. There was a trend towards 3rd years' experience of support being worse than expected compared to 1st years.

Table 9. Expectations of the whole group and individual years

				Between Year ANOVA Results			Scheffe Post Hoc	
Expectations Variables	**Mean**	**SD**	**Min - Max**	**F**	**df**	**p**		**p**
Supervision	**4.34**	**0.90**	1 - 7	7.159	2,347	.001	Yr1 > Yr3	.004
- year 1	4.56	1.04	2 - 7				Yr1 > Yr2	.009
- year 2	4.21	0.79	2 - 7					
- year 3	4.17	0.77	1 - 7					
Clinical Teaching	**3.88**	1.05	2 - 7	12.387	2,353	<.001	Yr1 > Yr3	<.001
- year 1	4.47	1.01	2 - 7				Yr1 > Yr2	.001
- year 2	3.73	1.10	2 - 7					
- year 3	3.61	1.09	2 - 7					
Research Teaching	**3.75**	1.04	1 - 7	7.106	2,336	.001	Yr 1 > Yr2	.025
- year 1	4.04	0.88	2 - 6				Yr 1 > Yr3	.002
- year 2	3.67	1.01	1 - 7					
- year 3	3.54	1.17	1 - 7					
Clinical Work	**4.47**	0.99	2 - 7	.656	2,353	.520		
- year 1	4.47	1.01	2 - 7			**NS**		
- year 2	4.41	0.90	2 - 7					
- year 3	4.56	1.09	2 - 7					
Identity	**4.30**	1.01	1 - 7	.369	2,349	.693		
- year 1	4.36	0.91	2 - 7			**NS**		
- year 2	4.25	1.06	2 - 7					
- year 3	4.30	1.08	1 - 7					

				Between Year ANOVA Results			Scheffe Post Hoc	
Expectations Variables	**Mean**	**SD**	**Min - Max**	**F**	**df**	**p**		**p**
Support	4.44	0.94	1 - 7	4.271	2,353	*.015	Yr3 < Yr1	*.013
- year 1	4.62	0.92	2 - 7			NS		
- year 2	4.42	0.96	2 - 7					
- year 3	4.26	0.93	1 - 7					
Impact on Life	3.48	0.93	1 - 7	5.790	2,350	.003	Yr1 > Yr3	.006
- year 1	3.70	1.00	1 - 7				Yr1 > Yr2	.047
- year 2	3.41	0.92	1 - 7					
- year 3	3.31	0.94	1 - 5					

* trend at p < .05 level.

4.3.4 Hypothesis 1. The sample will not differ from the normative samples on personality adjustment and psychological adaptation in terms of anxiety, depression, self esteem and work adjustment ?

One sample t - tests were performed on the *T* scores (50 = mean score of the population) to see how CP trainees differed from the normative samples with respect to personality adjustment, anxiety, depression, self esteem and work adjustment (Table 10).

Table 10. One sample t -tests comparing study participants with normative data on personality adjustment and psychological adaptation.

				T Test Results		
Variables	**N**	**Mean**	**SD**	**t**	**df**	**p**
Personality Adjustment - higher no. = better adjustment	325	53.66	13.52	4.879	324	<.001
Anxiety - lower no. = better adaptation	359	51.25	9.66	2.487	358	*.013 NS
Depression - lower no. = better adaptation	360	50.95	9.37	1.928	359	.055 NS
Self Esteem - lower no. = better adaptation	357	54.98	10.45	9.007	356	<.001
Work Adjustment - lower no. = better adaptation	358	48.98	8.20	-2.352	357	*.019 NS

* trend at p < .05 level.

The results (Table 10) showed that personality adjustment was significantly better than that of the normative sample. However self esteem was significantly lower than for the normative sample. Work adjustment problems and anxiety showed a trend towards significance in the direction of CP trainees having more problems in these areas than the normative sample. The results suggested the null hypothesis could be rejected.

4.3.5 Research Question 4: What proportion of CP trainees experience significant personality adjustment and psychological adaptation problems ?

Personality Adjustment

Frequency data showed that the percentage of participants scoring in the mal -adjusted range (T < = 35) on the adjustment score of the MIPS was 8.2%.

Psychological Adaptation

Frequency data showed the percentage of participants scoring in the cut - off range (> 60, substance abuse > 16) for experiencing problems on the EAPI. These were: Low self esteem, 23%; Anxiety, 17.5%; Depression, 13.9%; Substance abuse, 11.3%; Family problems, 10.1%; Work adjustment problems, 8.1%; Marital problems, 8%; External Stressors, 7.8%; Interpersonal conflict, 3.9%; and Problem minimisation, 0.9%. It was not possible to profile the individual overlaps on these scores.

Frequency data illustrated that a small sub group of the CP trainee sample experienced significant personality adjustment and/or psychological adaptation problems.

4.3.6 Hypothesis 2 - The small subgroup of the sample experiencing significant personality adjustment problems will not differ from the remaining sample on measures of personality characteristics, psychological adaptation, expectations and social support.

Non parametric tests were performed to investigate how the small sub group of poorly adjusted CP trainees, scoring T < = 35 on personality adjustment, differed, with regard to personality characteristics, psychological adaptation, expectations and social support, from the remaining better adjusted CP trainees in the study, scoring T > 35 on personality adjustment.

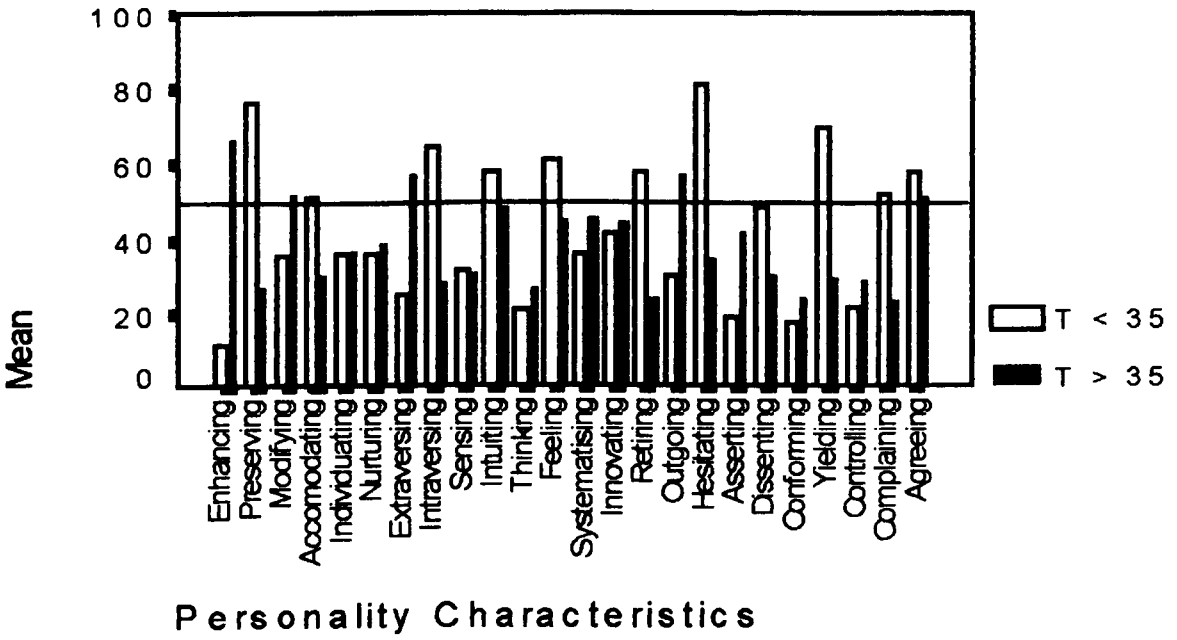
Demographic Data

Chi Square tests were performed on the variables of; gender, year of training, partnership status and whether trainees had dependants. No significant differences were found (Appendix 12). Mann Whitney tests were performed on age and travel variables. No significant differences were found (Appendix 12). This shows that the poorly adjusted CP trainees were not significantly different from the rest of the sample with regard to demographic data.

Differences in Personality

The personality characteristics of the poorly adjusted CP trainees differed from the rest of the sample (Figure 5)

Figure 5 - Personality Characteristics of the Sample of CP Trainees Scoring < = 35 on Personality Adjustment compared with CP Trainees Scoring > 35 on Personality Adjustment.



Non parametric Mann Whitney tests were used to compare the poorly adjusted CP trainees with the remaining participants on measures of personality style (Table 11).

Table 11 - Mann Whitney tests comparing personality style of CP trainees scoring T </= 35 with the CP trainees scoring T > 35 on personality adjustment

				Mann Whitney Results			
Personality Style Variable	**Median**	**Range**	**Min - Max**	**U**	**n**	**Mean Rank**	**p**
Enhancing				54.5			<.001
- poorly adjusted group	9	36	0 - 36		31	17.76	
- adjusted group	68	76	19 - 95		294	178.31	
Preserving				167.5			<.001
- poorly adjusted group	76	55	45 - 100		31	304.60	
- adjusted group	27	70	2 - 72		294	148.07	
Modifying				2768.0			.003
- poorly adjusted group	39	87	0 - 87		31	105.29	
- adjusted group	56	97	0 - 97		293	168.55	
Accommodating				2796.0			<.001
- poorly adjusted group	54	87	7 - 94		31	239.16	
- adjusted group	29	100	0 - 100		294	154.97	
Individuating				4295.5			.620
- poorly adjusted group	32	99	1 - 100		31	154.56	NS
- adjusted group	36	99	1 - 100		293	163.34	
Nurturing				4119.5			.444
- poorly adjusted group	35	93	0 - 93		31	148.89	NS
- adjusted group	42	93	0 - 93		290	162.29	
Extraversing				1200.0			<.001
- poorly adjusted group	24	61	0 - 61		31	54.71	
- adjusted group	64	89	0 - 89		288	171.33	
Introversing				1424.5			<.001
- poorly adjusted group	64	85	15 - 100		31	260.05	
- adjusted group	25	92	5 - 97		290	150.41	
Sensing				4436.5			.832
- poorly adjusted group	25	89	0 - 89		31	159.11	NS
- adjusted group	29	100	0 - 100		293	162.86	
Intuiting				3759.0			.114
- poorly adjusted group	48	100	0 - 100		31	187.74	NS
- adjusted group	48	100	0 - 100		293	159.83	
Thinking				3092.0			.005
- poorly adjusted group	14	98	2 - 100		31	115.74	
- adjusted group	23	100	0 - 100		288	164.76	
Feeling				2936.5			.002
- poorly adjusted group	58	77	18 - 95		31	209.27	
- adjusted group	46	100	0 - 100		288	154.70	
Systematising				3654.0			*.049
- poorly adjusted group	32	81	0 - 81		31	130.97	NS
- adjusted group	48	92	0 - 92		293	165.84	
Innovating				4004.5			.318
- poorly adjusted group	38	100	0 - 100		31	145.18	NS
- adjusted group	46	100	0 - 100		290	162.69	
Retiring				1014.0			<.001
- poorly adjusted group	57	74	26 - 100		31	277.29	
- adjusted group	20	94	4 - 98		294	150.95	
Outgoing				1912.5			<.001
- poorly adjusted group	24	67	0 - 68		31	77.69	
- adjusted group	59	100	0 - 100		294	171.99	
Hesitating				486.0			<.001
- poorly adjusted group	84	49	51 - 100		31	294.32	
- adjusted group	32	95	5 - 100		294	149.15	
Asserting				1827.0			<.001
- poorly adjusted group	11	57	0 - 57		31	74.94	
- adjusted group	42	93	0 - 93		294	172.29	
Dissenting				1784.5			<.001
- poorly adjusted group	49	55	22 - 77		31	252.44	
- adjusted group	29	93	0 - 93		294	153.57	
Conforming				3542.0			*.040
- poorly adjusted group	9	68	0 - 68		31	130.26	NS
- adjusted group	20	79	0 - 79		294	166.45	
Yielding				800.0			<.001
- poorly adjusted group	69	78	22 - 100		31	284.19	
- adjusted group	28	84	2 - 86		294	150.22	

Personality Style Variable	Median	Range	Min - Max	Mann Whitney Results U	n	Mean Rank	p
Controlling				3227.0			.007
- poorly adjusted group	15	80	1 - 81		31	120.10	
- adjusted group	24	90	3 - 93		294	167.52	
Complaining				1179.5			<.001
- poorly adjusted group	49	86	14 - 100		31	271.95	
- adjusted group	22	76	0 - 76		294	151.51	
Agreeing				3830.5			.144
- poorly adjusted group	60	97	7 - 94		31	186.44	NS
- adjusted group	54	100	0 - 100		294	160.53	

* trend at p < .05

Results (Table 11) showed that the sample of poorly adjusted CP trainees, as part of their personality style, was significantly more preserving, accommodating, introversing, feeling, retiring, hesitating, dissenting, yielding and complaining. They were significantly less enhancing, modifying, extraversing, thinking, outgoing, asserting and controlling. There were trends showing the poorly adjusted CP trainees were less systematising and conforming. CP trainees from both groups did not differ in personality style with respect to the characteristics of individuating, nurturing, sensing, intuiting, innovating and agreeing.

Differences in Psychological Adaptation

Non parametric Mann Whitney tests were used to compare the poorly adjusted CP trainees with the remaining participants on measures of psychological adaptation (Table 12).

Table 12 - Mann Whitney tests comparing psychological adaptation of CP trainees scoring T < = 35 with the CP trainees scoring T > 35 on personality adjustment.

				Mann Whitney Results			
Psychological Adaptation Variables	**Median**	**Range**	**Min - Max**	**U**	**n**	**Mean Rank**	**p**
Self Esteem Problems				1282.5			<.001
- poorly adjusted group	72	33	47 - 80		30	262.77	
- adjusted group	53	46	34 - 80		290	149.92	
Work Adjustment Problems				1605.0			<.001
- poorly adjusted group	57.5	35	39 - 74		30	254.00	
- adjusted group	46	42	36 - 78		292	152.00	
Depression				722.5			<.001
- poorly adjusted group	64.5	31	49 - 80		30	284.42	
- adjusted group	47	41	39 - 80		293	149.47	
External Stressors				2654.0			<.001
- poorly adjusted group	52	39	41 - 80		30	220.03	
- adjusted group	45	66	14 - 80		293	156.06	
Family Problems				2558.5			<.001
- poorly adjusted group	53	33	41 - 78		30	221.22	
- adjusted group	46	40	40 - 80		291	154.79	
Anxiety				1105.5			<.001
- poorly adjusted group	65	40	40 - 80		30	270.65	
- adjusted group	47	47	39 - 75		292	150.29	
Interpersonal Conflict				2164.0			<.001
- poorly adjusted group	53	31	42 - 73		30	233.37	
- adjusted group	45	45	35 - 80		290	152.96	
Marital Problems				2281.0			<.001
- poorly adjusted group	52	36	44 - 80		29	222.34	
- adjusted group	48	48	44 - 72		286	151.48	
Problem Minimisation				2690.0			.002
- poorly adjusted group	34	29	22 - 51		29	107.76	
- adjusted group	39	39	20 - 67		287	163.63	
Substance Abuse				3829.5			.234
- poorly adjusted group	14	16	12 - 28		30	180.85	NS
- adjusted group	13	12	12 - 24		293	160.07	

The results show (Table 12) that the poorly adjusted sample scored significantly higher on measures of self esteem problems, work adjustment problems, depression, external stressors, family problems, anxiety, interpersonal conflict and marital problems compared to the rest of the sample. There was no difference between the samples on substance abuse problems. The non poorly adjusted sample were significantly more likely to minimise problems.

Differences in Expectations and Social Support

Non parametric Mann Whitney tests were used to compare the poorly adjusted CP trainees with the remaining participants on measures of expectations and social support (Table 13).

Table 13 - Mann Whitney tests comparing expectations (4 = as expected, > 4 = better than expected, < 4 = worse than expected) and social support discrepancy of CP trainees scoring T < = 35 with the CP trainees scoring T > 35 on personality adjustment.

				Mann Whitney Results			
Expectations Variables	**Median**	**Range**	**Min - Max**	**U**	**n**	**Mean Rank**	**p**
Supervision				3141.5			.006
- poorly adjusted group	3.8	4.6	2 - 7		31	117.34	
- adjusted group	4.3	5	2 - 7		290	165.67	
Clinical Teaching				4216.5			.509
- poorly adjusted group	4	4.3	1 - 6		31	172.98	**NS**
- adjusted group	4	6	1 - 7		293	161.39	
Research Teaching				2875.0			.009
- poorly adjusted group	3.25	4.2	1 - 5		29	114.14	
- adjusted group	4	5.3	1 - 6		281	1159.77	
Clinical Work				3066.5			.003
- poorly adjusted group	4	4.7	2 - 7		31	114.92	
- adjusted group	4.3	5	2 - 7		293	167.53	
Formation of Personal and Professional Identity				2975.5			.002
- poorly adjusted group	3.5	4	2 - 6		31	111.98	
- adjusted group	4.5	5.5	1 - 7		290	166.24	
Formal and Informal Support				3272.5			*.010
- poorly adjusted group	4	5	1 - 6		31	121.56	**NS**
- adjusted group	4.3	6	1 - 7		293	166.83	
Impact on Life				2754.4			<.001
- poorly adjusted group	3.25	3.4	1 - 5		31	104.85	
- adjusted group	3.5	6	1 - 7		291	167.53	
Social Support Variable							
Ideal Versus Actual Support Discrepancy				2897.5			.002
- poorly adjusted group	3	12	-3 - 9		30	207.92	
- adjusted group	1	24	-12 - 12		289	155.03	

* trend at p<.05 level.

The results show (Table 13) that, with respect to expectations, the poorly adjusted group's experience was significantly worse than expected with regard to supervision, clinical work, formation of personal and professional identity, impact on life and research teaching compared with the rest of the participants. There were no significant differences in expectation scores for clinical teaching. There was a trend towards significance with informal and formal support being better than expected for the adjusted group. With regard to social support, the poorly adjusted group experienced a significantly greater discrepancy between ideal social support and actual social support. The results suggested the null hypothesis could be rejected.

4.3.7 Testing the Model: Multiple regressions to examine the extent to which variation on work adjustment, anxiety, depression and self esteem (as dependent variables) are predictable from variations in demographic variables, personality adjustment, expectations and the discrepancy between actual and ideal social support.

A series of hierarchical multiple regressions was performed to test the proposed model (Figure 1, page 18) and to examine the degree to which personality adjustment scores and expectation scores (independent variables) could predict scores on psychological adaptation variables (dependent variables). A hierarchical multiple regression with simultaneous entry of variables within each step was used (Tabachnick & Fidell, 1989). There were three hierarchical steps in each regression to determine if personality adjustment and gender, then expectation variables and year of training, and then social support and travel, predicted the variance in psychological adaptation. Four psychological adaptation variables, which had been found to be important in this sample, were chosen in turn as the dependent variable in each of the four regression analyses (anxiety, depression, self esteem problems and work adjustment). Predictor variables were chosen on conceptual grounds, based on findings from previous research.

Before proceeding with the regression, a bivariate correlational matrix was performed to check for collineality of the independent variables. The results (Appendix 13) suggested that the prospective independent variables for the regression were not over-correlated and a multiple regression approach would be acceptable.

The personality adjustment variable was entered in the first step, as this has been argued to represent long standing personality style (Millon, 1994). Gender was also entered in this step as a background factor. Both the expectation variables and year of training were entered in the second step as these were not considered long standing factors but may effect psychological adaptation. The final step of the multiple regression included social support and travel. Social support has been argued to have a mediating effect on psychological adaptation (Cohen & Willis, 1985, Folkman & Lazurus, 1984) and it was predicted that travel time would also mediate psychological adaptation.

The multiple regression analyses suggested that personality adjustment, expectations and social support predicted significant amounts of variation in the psychological adaptation variables.

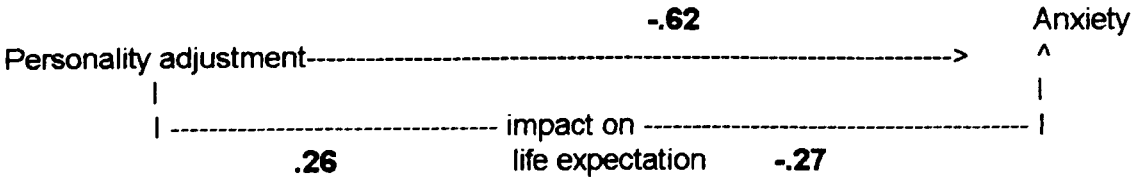
Regression 1 : Anxiety

The results showed that personality adjustment accounted for 40% of the variance in anxiety (Table 14). Expectations about the impact training has on life accounted for a further 5% of variance in anxiety (Table 14). In addition, a separate regression with the impact on life expectation as the dependent variable indicated that 8% of its variance was accounted for by personality adjustment (beta = .260, t = 4.790, p <.001) and gender (beta = -.103, t = -1.092, p = .058). The path of the relationships and all the significant contributions are shown in Figure 6. No other significant results were found with regard to anxiety (Appendix 14).

Table 14. Results of a hierarchical regression to show the effect of personality adjustment, gender and expectations on Anxiety

Independent Variable	Adjusted R Square (% of variance) cumulative	Added % of R Square	Beta (Standardised B)	t	Probability
Personality Adjustment	0.40 (40%)		-.615	-13.689	p = <.001
Impact on Life	0.45 (45%)	5%	-.270	-5.630	p = <.001

Figure 6. The path of significant relationships (with beta values) contributing to Anxiety.



This regression suggested personality adjustment had direct links to anxiety. In addition poorer adjustment predicted worse than expected impact on life which in turn predicted greater anxiety.

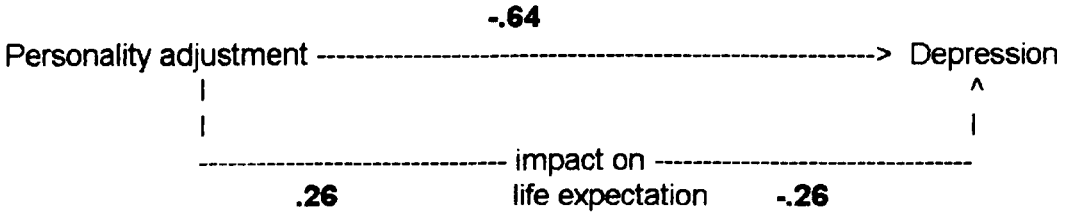
Regression 2 : Depression

The results showed that personality adjustment accounted for 41% of the variance in depression, and expectations about impact on life accounted for a further 8% of variance in depression (Table 15). In addition, as found before the separate regression with the impact on life expectation as the dependent variable indicated that 8% of its variance was accounted for by personality adjustment. The path of the relationships and all the significant contributions are shown in Figure 7. No other significant results were found with regard to depression (Appendix 14).

Table 15. Results of the hierarchical regression to show the effect of personality adjustment and expectations on Depression

Independent Variable	Adjusted R Square (% of variance) cumulative	Added % of R Square	Beta (Standardised B)	t	Probability
Personality Adjustment	0.41 (41%)		-.642	-14.304	p = <.001
Impact on Life	0.49 (49%)	8%	-.264	-5.718	p = <.001

Figure 7. The path of significant relationships (with beta values) contributing to Depression.



This regression suggested that personality adjustment predicted depression directly. Personality adjustment also predicted whether expectations of training impacting on life were worse than expected which in turn predicted depression.

Regression 3 : Self Esteem

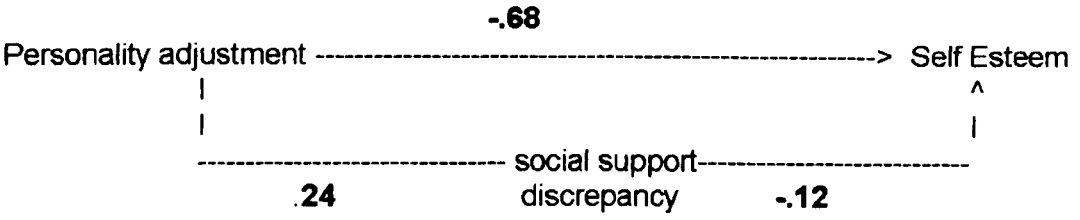
The results indicated that personality adjustment accounted for 46% of the variance in self esteem, and the discrepancy between actual and ideal social support accounted for a further 4% of variance in self esteem (Table 16). In addition, a separate regression with social support discrepancy as the dependent variable indicated that 5% of its variance was accounted for by personality adjustment (beta = -.240, t = -4.534, p = < .001). The path

of the relationships and all the significant contributions are shown in Figure 8. No other significant results were found with regard to self esteem (Appendix 14).

Table 16. Results of the hierarchical regression to show the effect of personality adjustment and social support discrepancy on self esteem

Independent Variable	Adjusted R Square (% of variance) cumulative	Added % of R Square	Beta (Standardised B)	t	Probability
Personality Adjustment	0.46 (46%)		-.681	-15.793	p = <.001
Actual versus ideal discrepancy score for social support	0.50 (50%)	4%	.117	2.664	p = .004

Figure 8. The path of significant relationships (with beta values) contributing to Self Esteem Problems.



This implies that personality adjustment directly predicted self esteem but it was also associated indirectly, with poorer personality adjustment predicting a larger social support discrepancy, which in turn predicted lower self esteem.

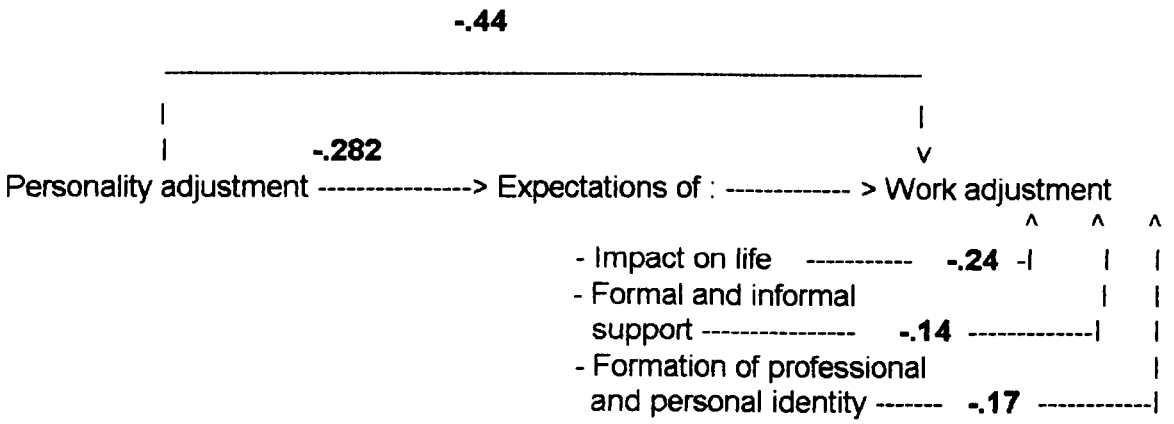
Regression 4 : Work Adjustment

Personality adjustment accounted for 20% of variance in work adjustment and three of the expectation variables (impact on life, formal and informal support, formation of personal and professional identity) added a further 27% of variance (Table 17). To test the path between the variables considered more long-standing, i.e. personality and gender, on the expectation variables, a composite of the expectation variables was computed by summing them and entering them as one dependent variable, with personality and gender as the independent variables. This showed that personality accounted for 7% of variance on this combined expectations indicator (beta = -.240, t = -4.354, p < .001). The path of the relationships and all the significant contributions are shown in Figure 9. No other significant results were found with regard to work adjustment (Appendix 14).

Table 17. Results of the hierarchical regression to show the effect of personality adjustment and expectations on work adjustment.

Independent Variable	Adjusted R Square (% of variance) cumulative	Added % of R Square	Beta (Standardised B)	t	Probability
Personality Adjustment	0.20 (20%)		-.443	-8.445	p = <.001
Impact on Life	0.47 (47%)	27%	-.244	-5.051	p = <.001
Formal and Informal Support			-.144	-2.908	p = .005
Professional and Personal Identity			-.171	-3.330	p= .001

Figure 9. The path of significant relationships (with beta values) contributing to Work Adjustment.



Personality adjustment predicted work adjustment directly, but to a lesser extent than for the other dependent variables. Poorer personality adjustment predicted greater problems in work adjustment, but it also had an indirect path through expectations. Poorer personality adjustment predicted worse than expected impact of training on life, formal and informal support and the formation of professional and personal identity. These worse than expected conditions predicted poorer work adjustment.

Summary

The results of the multiple regressions appeared, in part, to support the model in which variations in psychological adaptation were proposed to be predicted by variations in personality adjustment, expectations and social support. The results indicate a revision of the original model which will be proposed in the discussion (Figure 10, page 63).

5. DISCUSSION

The results of the present study gave some interesting elaboration on previous research by profiling the personality style, expectations and psychological adaptation of a sample of over 300 CP Trainees, comparing results with normative data, analysing the small sub sample of poorly adjusted CP trainees and testing out the proposed model. The discussion will address the research questions and hypotheses and consider the methodological problems of the study before detailing the implications of the findings for clinical psychology training and the clinical psychology profession. Ideas for further research will be suggested and the discussion will close with a summary and conclusions drawn from the work.

5.1 Profile of Trainees

5.1.1 Personality Style

The personality profile showed that the sample of CP trainees had a number of dominant characteristics with respect to motivating aims, cognitive modes and interpersonal behaviour.

Motivating aims refer to how an individual exists, adapts and responds in an environment (Millon, 1994). The results showed that the CP trainees had the characteristics of enhancing and modifying as a dominant part of their personality style. This indicated that their basic motivation was to seek positive reinforcement from the environment rather than avoid pain (preserving) and actively modify the environment rather than merely fit in with it (accommodating). The CP trainees as a group showed that they did not posses the dominant characteristics of nurturing (oriented mainly towards others) and individuating (oriented mainly towards the self). This suggests that the CP trainees generally maintained a balance between focusing on others and themselves. The motivating aims possessed by the CP trainees indicated generally positive motivations towards the environment.

Cognitive modes refer to the way an individual gathers information, the style in which it is gathered and how information is then transformed to shape and fit into schemas (Millon,

1994). The results showed that the CP trainees had the characteristic of extraversing as a dominant part of their personality style. In other words they were more likely to draw on information from others, join in and possess a desire to influence others rather than relying on self knowledge, retreating, appearing aloof and preferring their own company (introversing). The CP trainees as a group did not demonstrate the dominant characteristics of feeling (showing subjective emotional responses), thinking (logical judgements), systematising (assimilating experiences into existing schemas) and innovating (exploring innovative ways to structure experience). Out of these thinking, which refers to reasoned, impersonal thought based judgements, was the least prominent personality characteristic. Overall the CP trainees evidenced positive traits with respect to cognitive modes.

Interpersonal behaviour refers to the way an individual interacts socially and in relationships (Millon, 1994). Results indicated that the CP trainees had the characteristics of outgoing and agreeing as a dominant part of their personality style. These two characteristics are similar to the traits of extraversion and agreeableness in the Five Factor Model (Tupes & Christal, 1992). That is to say, the CP trainees were more likely to be socially confident, lively, popular, socially amenable, consenting and affable rather than withdrawn, placid, aloof, (retiring) negativistic and irritable (complaining). The CP trainees as a group also showed they did not have the dominant characteristics of hesitating (withdrawn), asserting (self assured), dissenting (unconventional), conforming (conventional), yielding (submissive) and controlling (dominating). Out of these conforming, which refers to conventional, conscientious, perfectionist and inflexible qualities, was the least prominent personality characteristic. The results suggested that the CP trainees possessed some positive traits with respect to interpersonal behaviour.

The personality adjustment score indicated that the CP trainees were overall well adjusted in terms of personality characteristics. Results also showed that they were significantly better adjusted than those in the normative data sample. However, a small percentage of the sample (8.2%) were significantly poorly adjusted. This sub sample is discussed in more detail later.

In considering the literature reviewed it could be argued that the CP trainees with well adjusted personality scores were more likely to experience positive affectivity, be hardy,

optimistic, have a sense of personal efficacy, hold an internal locus of control, more likely to see stressful situations as challenges, exercise appropriate coping strategies and utilise social support (Watson & Clark, 1992; Kobasa, Maddi & Kahn, 1982; Bandura, 1977; Rotter, 1971; Folkman, 1984; Watson & Hubbard, 1996).

Some difference in personality style was found between the different year groups. However it is important to note that as this was a cross sectional study it is not possible to say whether differences between years were a result of training. In this study, first years were significantly less accommodating (fitting in with their environment) than third years. Speculatively, this could perhaps be explained as part of the 'met expectations' hypothesis where new recruits attempt to have their expectations met and are consequently less accommodating (Wanous, 1992). It may also be a result of the socialisation process where both the individual and the organisation attempt to fit in and adapt to each other (Holton, 1995). A longitudinal prospective study would be needed to show whether these differences are a developmental or a cohort effect.

Both second and third years were significantly more systematising, that is assimilating experiences into established schemas, than third years. This may be a result of training, with third years becoming more flexible in their thinking. Third years were significantly less asserting (extrovert, self assured, competitive) and modifying (acting upon their environment) than first years. This may be a result of the training process impacting on an individual's personality and their possibly becoming 'worn down' as a result. Equally, these differences could be due to cohort effects.

5.1.2 Psychological Adaptation

The psychological adaptation profile of the sample showed that as a whole group, they were not experiencing significant difficulties on measures of depression, anxiety, self esteem, work adjustment, external stressors, family problems, interpersonal conflict, marital problems, problem minimisation and substance abuse. Higher, but not significantly 'high scores' as defined by the scale, were found for self esteem problems, anxiety, depression and work adjustment.

The results for self esteem, anxiety, depression and work adjustment scores were compared with the normative sample and showed that in statistical terms the CP trainees had significantly lower self esteem and there was a trend towards them having greater anxiety and depression. The higher rate of self esteem problems could suggest that either there is something in the process of training that significantly impacts on an individual to make them more vulnerable to self esteem problems or training courses attract people with lower self esteem. Self esteem is difficult to define and measure (Andrews, 1998). Problems of operationalising the concept of self esteem may have influenced the results in the present study. However, as low self esteem can make an individual more vulnerable to depression (Beck, 1967) it is important to examine this further.

Frequency data showed that almost one quarter of the sample (23%) had significant self esteem problems as defined by the scale, 17.5% had significant anxiety problems, 13.9% had significant problems with depression and 8.1% had significant problems with work adjustment. These frequency scores showed that a small sub sample of CP trainees were experiencing difficulties. These findings are in line with previous research which found 10% of psychologists in work suffering from some form of distress (Pope, Tabachnick & Keith - Speigel, 1987). However the results also contrast with other findings which suggest a much higher rate of global distress among mental health professionals (Cushway, 1992; Laliotis & Grayson, 1995; Boyer, 1984). The findings replicate Kuyken's findings (1998) which found that CP trainees did not experience extensive problems in psychological adaptation except for a significant sub-group (25%) who reported problems with self esteem, anxiety, depression and work adjustment.

One difference was found in psychological adaptation between year groups. Results showed that first years had significantly more problems with work adjustment than second and third years. This again may be a result of the 'met expectations' hypothesis and the process of socialisation (Wanous, 1992, Holton, 1995) or it may be a cohort effect.

5.1.3 Expectations

The expectations of the whole group showed that the sample of CP trainees found their experiences of supervision, clinical work, informal and formal support and formation of personal and professional identity, significantly better than expected. Experiences of

research teaching and impact of training on life were significantly worse than expected. Clinical teaching was not significantly better or worse than expected. Clinical work scored highest for being better than expected and impact on life had the lowest score for being worse than expected. However, results showed that responses clustered closely to the 'as expected' score, so variations were generally small. Since the scale was not fully validated it is difficult to say whether this is a reflection of broad satisfaction with training or a lack of discriminating power in the scale.

Some differences in expectations were found between years. First year CP trainees found supervision, clinical teaching, research teaching and impact of training on life significantly better than expected compared with second and third years. Hypotheses about the reasons for this are speculative as differences may be due to cohort effects. However, this could be a result of the first years holding onto the belief in the probability that certain aspects of training will produce certain reinforcements (Rotter, 1971). Time may erode this belief which may result in more disillusionment in the second and third years (Stayhorn, 1989). Higher work loads and possibly course expectations of greater independence in the final years may also impact on individuals and lower their perceptions of support.

5.2 CP Trainees with Poor Personality Adjustment

The small sub sample of trainees experiencing poor personality adjustment were examined in more detail to see how they differed from the rest of the group in terms of personality style, psychological adaptation and expectations. The results showed that this sub sample did differ significantly from the remainder of the participants.

The sample of poorly adjusted CP trainees, as part of their personality style, were significantly more hesitating, preserving, yielding, introversing, feeling, retiring, dissenting, complaining and accommodating compared to the rest of the sample. They were significantly less enhancing, modifying, extraversing, outgoing, asserting and controlling than the rest of the sample. There was a trend showing that the poorly adjusted CP trainees were less thinking, systematising and conforming. They did not differ from the rest of the sample on the characteristics of individuating, nurturing, sensing, intuiting, innovating and agreeing.

These results show, that with regard to motivating aims, these CP trainees were more likely to avoid painful experiences and fit in with their environment. With regard to cognitive modes, they were more likely to: gather information from within themselves; retreat; appear aloof; offer subjective appraisals; and offer emotional responses to information. With respect to interpersonal behaviour they were more likely to be neurotic, withdrawn, insecure, self effacing, agreeable, submissive, co-operative, self defeating, have few social interests, like being on their own, calm, socially amenable, affable, self defeating, irritable and negativistic. Although this list can appear to be contradictory, what it shows is that compared with the rest of the sample, these CP trainees had more negative affectivity in their personality style (Watson & Clark, 1992) including neuroticism, introversion and agreeableness (which can also be a positive trait) from the FFM (Tupes & Christal, 1961). However, negative traits can co-exist with more positive traits.

In considering the literature it could be argued that CP trainees with a poorly adjusted personality were more likely to be low on hardiness, optimism and self efficacy, hold an external locus of control and a degree of learned helplessness, were more likely to appraise stressful situations as threats, experience more mal-adaptive coping strategies and were less likely to utilise social support (Watson & Clark, 1992; Kobasa, Maddi & Kahn, 1982; Bandura, 1977; Rotter, 1971; Folkman, 1984; Watson & Hubbard, 1996). Following on from this it could be predicted that this group would be more vulnerable to psychological adaptation problems (Widiger & Trull, 1992) and may also be more likely to rate their experiences as worse than expected (Bandura, 1977, Stayhorn, 1989).

With regard to psychological adaptation, the results showed that this sub sample scored significantly higher (i.e. worse) on all the ratings of psychological adaptation apart from substance abuse, and were lower on problem minimisation. This showed that they were more vulnerable to experiencing difficulties with anxiety, depression, low self esteem, marital problems, family problems, interpersonal conflict and external stressors and were less likely to minimise the extent of their problems. This supports other research which argues that people high in neuroticism are more likely to develop psychological problems (Widiger & Trull, 1992).

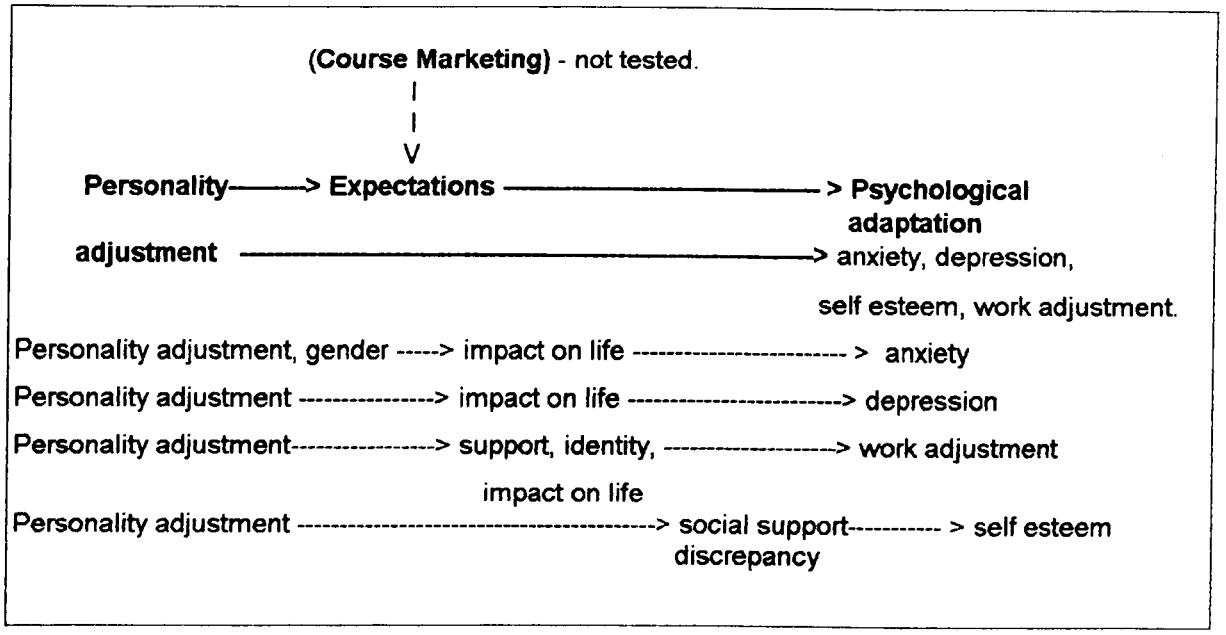
This sub group also found that their experiences were significantly worse than expected compared with the rest of the group with regard to supervision, clinical work, formation of

personal and professional identity, impact on life and research teaching. The degree to which their expectations were met around support and clinical teaching were not significantly different from the rest of the CP trainees. These findings may support the hypotheses that this sub group are more likely to have an external locus of control, low self efficacy and a degree of learned helplessness (Rotter, 1971; Bandura, 1977; Seligman, 1975) so when they encounter an expectation discrepancy it is more likely to have a negative outcome because they do not feel they are able to modify the situation. With regard to social support, the sub group experienced a significantly greater discrepancy between ideal and actual social support. This supports previous research which argues that individuals low in extraversion and hardiness, together with psychological problems, are less likely to utilise and gain effective social support (Kobasa, Maddi & Kahn, 1982; Watson & Hubbard, 1996; Lewisohn & Hoberman, 1982). However it is important to note that a direct causal link can not be made between personality and utilisation of social support, such that the one can be said to 'cause' the other.

5.3 Evidence for the Model

The original model (figure 1, page 18) attempted to bring together the variables discussed in this piece of work to see if psychological adaptation could be predicted by personality adjustment and expectations, and whether actual versus ideal social support, the course variable of travel and demographic data (year and gender) played a role in any of these relationships. The results suggested that there was some evidence to support the model. However the year of training and distance travelled did not significantly account for any variance in the dependent variables. A revised model is therefore proposed (Figure 10).

Figure 10 - Revised Model of Personality, Expectations, Social support and Psychological Adaptation



The results showed that both anxiety and depression were related directly to personality adjustment but some of the influence of personality adjustment seemed to be mediated by the degree to which expectations about the impact of training on the trainees' life were met. Those with poor personality adjustment were more likely to experience a worse than expected affect of training on their life and this in turn led to a greater likelihood of symptoms of depression and/or anxiety.

Self esteem could in part be predicted from personality adjustment and the discrepancy between ideal and actual social support. Those with poorer personality adjustment were more likely to experience lower self esteem, and were less likely to gain their ideal level of social support. Thus there was again a direct and an indirect path between personality adjustment and the dependent variable. If low self esteem is partly due to poor personality adjustment, some of the effects of personality are also moderated by a discrepancy between ideal and actual social support.

Those with poorer personality adjustment were likely to experience more work adjustment problems, which appeared also to be partly mediated by not having expectations met in terms of support, impact on life and formation of personal and professional identity. The

direct relationship between personality adjustment and work adjustment was weaker than in the regression analyses performed on anxiety, depression and self esteem.

These findings suggest that personality style plays a significant role in psychological adaptation, as do expectations, in particular the 'impact on life expectation'. The 'impact on life expectation' consisted of travel, outside relationships, level of stress and taking up time. Since the more objective measure of travel (distance to and from placement) did not play any significant role in predicting work adjustment or any other dependent variables, it is possible that subjective experience was more important than objective distance. Further work on the measure could elaborate this scale to help unpack the most salient features for the impact of training on the life of trainees. However, the results suggest that the course impacts on an individual and relationships in a way that is worse than the majority of the CP trainees expected. If the relationship between the independent and dependent variables indicate causation (and this can not be assumed) then those with poor personality adjustment will be vulnerable, both as a direct result of their personality adjustment and because it affects their expectations about the impact training will have on their life.

To summarise, these findings suggest that those with less well adapted personality styles are more likely to experience psychological and work adjustment problems and discrepancies in certain expectations, and possibly less likely to utilise or have their needs met by available social support. This finding is supported by the literature on personality, expectations and social support as previously discussed (e.g. Widiger & Trull, 1992; Stayhorn, 1989; Cohen & Willis, 1984).

These findings need to be viewed in the light of some methodological considerations discussed below.

5.4 Methodological Considerations

This was a postal questionnaire study with a response rate of 57%. Thus 43% of the trainees invited to participate did not respond. The reasons for this are unknown. It may be that trainees selected themselves out of the study when reading the covering letter that stated the study was likely to touch on personal issues, or did not respond for a number of other reasons including work demands. One could speculate that some of the remainder of the trainees were likely to be suffering from poor adjustment. The possibility of sample bias means the data may not be fully representative of CP trainees in general. This makes generalising from the findings difficult. This is a perennial problem with studies trying to get representative samples. The need to generalise has to be weighed against ethical questions about increasing the incentive to participants, coercion and the possibility of bias through reluctant participation.

The personality questionnaire selected related to a specific model of personality and did not look at differences in personality across situations. This means that these findings are unable to tell us the extent to which situational factors influenced the variables measured. New trends in personality research looking at the influence of both traits and situational variables (Mischel & Shoda, 1998) and the more 'storied' (psychobiographical) nature of personality (McAdams, 1996) may allow the influence of situational variables to be measured alongside traits (see discussion on page 5 of this report). The Millon approach could also be seen as somewhat rigid and even perhaps pathologising of the individual compared to other approaches which do not rely so heavily on the psychologist's code of reference' (Vernon, 1972). Examples would be Kelly's Repertory Grid test (Kelly, 1955), Q technique (Kenny, 1956) and the Semantic Differential (Osgood, 1962). However, these have the disadvantage of taking longer to complete.

The personality measure was unable to look for consistency of personality over time and mood which, although time consistency was to some extent addressed in the validation of the measure, need to be addressed in a longitudinal study. Other aspects of the questionnaire constructed by Millon (1994) are also potentially problematic. It is argued that the simplicity of the true/false response can be problematic (Kline, 1993). Heim (1975) argues that this type of forced choice can insult the intelligence of the respondent and can create a poor attitude to test taking, as questions rarely produce such

dichotomous answers. He also argues that this type of response makes it difficult to catch the subtlety of experience. Likert scales have been argued to be perhaps a better way of responding. However, these have also been criticised as individuals are likely to avoid extremes and it is likely that there will be differences in interpretation of scale items (Kline, 1993).

Both the MIPS and the EAPI were constructed and validated in the USA. They are likely to have some cultural biases as a result. Norms need to be gained from a British sample to allow an accurate comparison with normative data that minimises the effect of cultural bias. This raises some questions about the validity of using these questionnaires on a British population.

Validity of responses to questionnaires, especially personality measures, can be undermined by the problems of acquiescence (agreeing with items) and social desirability (Kline, 1993). It is probably unlikely that the present sample's validity of responses were significantly in question on these points due to CP trainees being assured confidentiality and anonymity. The time invested in filling out the questionnaires also showed a significant commitment. Kline (1993) argues that good test construction can minimise the methodological difficulties discussed. Arguably, the MIPS has shown itself to be well constructed with reasonable reliability and validity data, at least for the USA population.

The expectations questionnaire designed for this study presents a number of methodological concerns. Although initial tests of reliability and validity were satisfactory, further tests are needed to fully validate the measure. Factor analysis of the items would confirm that the sub scales represent underlying structure. The individual sub scale items could also be refined and perhaps added to, by working qualitatively with CP trainees in further interviews or focus groups. The use of Likert scales resulted in responses clustering around the middle. It is unclear to what extent this was influenced by questionnaire design, item wording or wording for points on the scale. The histograms showed that the responses were distributed roughly evenly either side of the mid-point but the curves appeared to be slightly leptokurtic. The expectations measure relied on retrospective memory, particularly for second and third years, and remembering pre-course expectations is likely to be open to the bias of experience. Despite these problems, the measure proved relatively reliable and valid in terms of internal consistency

and construct and face validity respectively which allowed it to be a useful preliminary tool. Further research on this measure is recommended.

The study did not address the extent to which outside life events, away from the course, influenced personality, expectations, psychological adaptation and social support. This needs to be a consideration in future studies.

This study was cross sectional which did not allow comparison of scores for individuals over time. Speculations about differences between years were made, however the design of the study made it impossible to state whether differences were a product of training or a cohort effect. The design also did not allow the study to ascertain the stability of personality characteristics, psychological adaptation and expectations over time.

The results of the study were largely correlational. This means it was not possible to determine the causal relationships between variables although some speculation about causal links have been made. Clearly this makes drawing firm conclusions from the study difficult, although findings were largely consistent with previous research.

Finally, in terms of the model, it has to be noted that the highest amount of variance in psychological adaptation that could be explained in terms of the independent variables was 50%. This leaves open the question of what factors may account for the other 50% of variance in adaptation.

5.5 Implications

The results of this study have some implications for both clinical psychology training and the profession of clinical psychology.

5.5.1 Clinical Psychology Training

Personality Style

The majority of the sample of CP trainees in this study held positive and adaptive personality styles. However, a significant minority was poorly adjusted which has been

argued could lead to more unmet expectations and poorer psychological adaptation. Statistical regressions, although not conclusive, supplied some support to this model of adaptation. At the very least, irrespective of possible causes, clinical psychology training needs to be aware that a small sub group is likely to find training personally difficult and may have difficulty coping.

Personality measures to aid selection are currently in fashion (Hampson, 1999) and it is possible they might be considered in CP training. Therefore research findings of this nature are likely to be of interest to those who might advocate this policy. However, the use of personality measures in the selection of CP trainees to screen out poorly adjusted recruits is potentially problematic. Potential recruits are likely to respond carefully, and may consciously or unconsciously respond to maximise their perceived desirability and chances of getting on a course. With such importance resting on their responses this is a very different situation from the anonymous completion of a scale where accurate responding is considered an important part of research. In addition, predictive models in psychology, including the type investigated here, are notoriously poor at predicting the behaviour of individuals in a given context (Nelson & Alexander, 1988).

The evidence suggests that a small group of CP trainees may need extra support during training. However there is, as yet, no evidence to support the suggestion that less well adjusted CP trainees become poorer clinicians. Some work has been done on 'therapist variables', which suggests that the therapeutic relationship and in particular therapist specific variables are the important variables in determining effective therapy (Beutler, Crago & Arizmendi, 1986). Truax & Mitchell (1986) reviewed the literature on therapist variables and concluded that genuineness, non possessive warmth and accurate empathic understanding were related to effective treatment. Lafferty, Beutler & Crago (1989) found that poorer emotional adjustment was not equated with less effective therapists however lower levels of empathy were. These findings suggest that poor adjustment and psychological adaptation are not directly related to overall clinical effectiveness.

The aim of training is to produce effective clinical psychologists. This means that before those who appear to have a poorly adjusted personality are screened out, further outcome evidence that they do not make effective clinicians needs to be gathered. Furthermore, to

deny people entry to training due to perceived psychological failing could be seen as elitist and serve to stigmatise and marginalise unselected individuals. It may also not be desirable to attempt to select a certain 'type' as this could begin to homogenise the clinical psychologist population and reduce the variety of potential clinicians.

Once on a course, the research suggests a small sub group of CP trainees may struggle due to personality variables. As well as being aware of this, courses may need to look at their support systems to maximise the likelihood of offering appropriate and flexible support, depending on the particular needs of the individual, and enabling the trainee to become more resilient. Promotion of support should be explicit early on, normalised and encouraged. This may help individuals seek such support in times of difficulty without feeling stigmatised. The author believes that such a policy should be a requirement of any organisation committed to investment in its workforce.

Findings from this study can not show whether personality adjustment decreases through the years of training. However, there was a trend for 3rd years to have lower personality adjustment scores. Although this may be a cohort effect, it may also reflect the training process and a 'wearing down' as an individual negotiates and copes with the various demands of training. Reviewing work loads and the demands of training may be helpful in monitoring whether courses are placing unnecessary burdens on CP trainees.

To help individuals develop more resilient personality traits and better coping mechanisms, courses could think about running workshops based on factors which are known to help people get through training. This could include a model of hardiness, effective coping strategies and the encouragement of building up and using support systems inside and outside of the course. Perhaps more teaching on self help for CP trainees would help to normalise experiences of stress and better equip CP trainees with their own self help skills. Written information may also be useful such as the Birmingham Survival Pack (Cushway, Dodd & Merian, 1989). This could perhaps be given to all CP trainees when they begin training.

Psychological Adaptation

Findings of this study indicated that nearly one quarter (23%) of CP trainees experienced a particular problem with low self esteem. It is difficult to deconstruct the meaning of self esteem. It has been argued to represent the discrepancy between actual self attributes and ideal self attributes with low self esteem associated with a bigger discrepancy (Higgins, 1987). Taking on board this definition with regard to CP trainees, it could be argued that nearly a quarter of the sample in this study were experiencing a discrepancy between how they were performing and how they would like to perform. This suggests that perhaps standards on courses are extremely high or individuals set themselves extremely high standards. Perhaps training could help to reduce self esteem problems by outlining realistic and good enough standards that both the course and CP trainees could hold or by making it possible to reach high standards by, for example, reducing the work load. As self esteem problems are a vulnerability factor for depression (Beck, 1976) it is important that courses take this problem on board.

A significant sub group of trainees was suffering from anxiety and depression (17.5% & 13.9% respectively). Although this may occur regardless of training it would follow that participating in a course which places many diverse demands on an individual is likely to exarceberate any pre-existing problems. As already discussed, monitoring course demands, preparing appropriate and reflexive support systems and providing a supportive and educative forum to talk about the individual in training, focusing on self help skills and managing complex and diverse demands, is likely to be helpful. By having these support contingencies as part of training the stigmatisation an individual might feel about taking up support may be lessened.

Regular appraisal systems are a requirement of the BPS (1995). Within these appraisal systems course staff could touch on how an individual is coping with the course, how it is affecting their life, and provide information as to the types of support available whilst encouraging the CP trainees to utilise these if problems are encountered. Problems with work adjustment, especially for first years, could perhaps also be addressed in the same manner and individualised help with socialisation into training could also be included. This could focus on what the CP trainee feels they need in order to adjust to the particular working environment and, if possible, support could be given in this area. However, it

would be important for appraisers to acknowledge the universality and normality of some level of adjustment problems as people enter new work situations.

Focusing on personal and professional development has been advocated as a way of engaging CP trainees in an awareness of how they are coping and utilising support without being stigmatising (Walsh & Scaife, 1998). Having personal and professional development as part of the curriculum, by setting up mentor systems, workshops and reflective groups, has been argued as an effective way of supporting and helping trainees develop as clinical psychologists (Walsh & Scaife, 1998).

Expectations

The literature suggests that making expectations as accurate as possible greatly helps post entry adjustment problems (Wanous, 1992). The present study showed that the experience of the impact of training on life, which included the variables of travel, outside relationships, level of stress and taking up time, was significantly worse than expected and related to anxiety, depression and work adjustment problems. Research teaching was also shown to be significantly worse than expected.

There is an argument that courses should help make expectations as realistic as possible to aid CP trainees' transition into training. It has been argued that accurate pre-course marketing can help make expectations more realistic (Stayhorn, 1989). This suggests that courses need to work on their pre-course marketing during selection to make it as accurate as possible. There may be a role for the Clearing House or the BPS in this respect, because individual courses will naturally tend to make themselves as attractive as possible, especially as the number of courses increases and the potential pool of recruits becomes proportionally smaller. However, potential trainees need to be informed of the possible stresses of any course, especially with respect to how it may impact on their life.

A job profile (what the training includes, requires of an individual, and how it may affect an individual) with person specifications (e.g. hard working, cope well with competing demands) may offer a useful starting point to address expectations. For example this could include a section on how the demands of the course may possibly affect an individual's relationships and social life, take up a large amount of their time and could be

experienced as stressful. This may help potential CP trainees select out if they feel they do not fit the person specification or do not want to face some of the demands of training. Realistic expectations also need to be re-iterated once CP trainees have entered training, as part of their induction.

Research from occupational psychology has shown that realistic job previews help to create realistic expectations and increase post entry adjustment (Wanous, 1992). This involves a person shadowing the work of an employee for a period of time so they can form some idea of how it would feel working in that environment. The large number of potential CP trainees makes this difficult for courses to consider. However, perhaps assistant psychologists working alongside CP trainees and clinical psychologists have more realistic expectations of training than those not working as assistants. This would be an interesting area to explore further. Perhaps if individuals who are not working as assistant psychologist request shadowing, this could be made available and perhaps encouraged as part of the job specification.

These ideas, relating to pre-course marketing, support, and socialisation into training may help to lessen the risk of more vulnerable individuals developing significant problems. Although a number of problems can not be foreseen, it is worth spending the time attempting to make training as smooth as possible. It is acknowledged that in reality, providing such individualised attention and support systems may be difficult and costly for training courses to provide. However, as it may only be a small proportion of CP trainees that need such support, awareness of and attention to some of the aspects discussed could be beneficial.

5.5.2 Clinical Psychology Profession

CP trainees will hopefully eventually work as clinical psychologists in the NHS. Once outside of training the profession has a responsibility to look after its members, particularly those who may need more support in difficult times. It has been argued that around 10% of mental health professionals experience significant distress with psychologists finding professional self doubt and work/home conflict particularly stressful (Pope, Tabachnick & Keith-Speigel, 1987; Cushway, Tyler & Nolan, 1996). Adequate support in the work place in the form of individual supervision and peer group support needs to be a priority.

Continuing professional development workshops focusing on strategies and actions for self care, together with a clearer section on looking after oneself in the professional code of conduct would also help address the issues of personal distress and stress on a professional level (Cormack, 1994). Cormack (1994) argues that stress in the work place needs to be seen not just as a personal issue but also as a professional one and psychologists need to be encouraged to look after themselves and practice what they advocate in the consulting room.

5.6 Further Research

There are a number of areas where further research would be beneficial. Replicating the study with a longitudinal design would be helpful. This would enable an examination of the stability of personality style over time. It would be useful to investigate how changes in personality style affect psychological adaptation and expectations and vice versa, and whether, as predicted, a move to a less well adjusted personality leads to a larger experience/expectation discrepancy and poorer psychological adaptation. A longitudinal study would also help to gauge how the training process affects individual trainees over the length of the course.

Future research could also follow up CP trainees once they have begun working in the NHS. This could assess personality style, expectations of working in the NHS and psychological adaptation. It would be interesting to see how individuals with poorly adjusted personalities cope once they have left training and whether they face similar or different problems with adaptation in the NHS. It would be of interest to replicate this study on trained clinical psychologists and substituting the expectations of clinical training measure with a measure of expectations of working as a clinical psychologist in the NHS.

Further research could also measure both trait and situational variables, perhaps by using a personality measure that takes into account the influence of the situation on individuals or by testing independently for situational variables. This would help to understand how particular situations, as part of clinical training, impact on particular individuals with respect to personality style, psychological adaptation and expectations. There is also a need to control for life events in order to make the results of studies into the effects of clinical training more valid.

Further development and elaboration of the expectations measure is desirable. Work could focus on further validating the measure and elaborating the scope, particularly of the 'impact on life' expectations sub scale.

A qualitative study looking at a number of individuals' personality styles, expectations, experiences of training and how it affects them could provide some useful data. This may help to give detailed insights into how the process of training influences an individual and how a person develops during training.

Further research could also focus on whether personality style influences the effectiveness of work as a clinician. Although effectiveness is likely to be difficult to measure, outcome is one important indicator of this. Some older work on therapist variables could be revisited in light of recent developments in the field of personality.

5.5 Summary and Conclusions

This study showed that, although the majority of trainees were well adjusted with regard to personality and psychological adaptation, a significant minority were experiencing problems in personality adjustment, low self esteem, anxiety, depression and work adjustment. The study showed that CP trainees with personality adjustment problems were more likely to have experiences worse than they expected in training and suffer poor psychological adaptation, and in the case of those with low self esteem, poor utilisation of social support. Unrealistic expectations, especially regarding the impact of training on life, appeared to lead to a negative impact on mental health although a causal link could not be proved. The majority of experiences were better than expected although 'impact on life' and 'research teaching' were significantly worse than expected. Despite a number of methodological problems with this study, these results have implications for both clinical training and the clinical psychology profession, particularly with respect to, course marketing, support and retention. Further research is needed to validate and build on the findings of this study.

The use of personality measures is not recommended for trainee selection, as many factors other than personality are expected to predict adjustment to training, and no link

has been indicated between poor adjustment and therapeutic performance. Also the personality qualifications for coping with training may differ from those important in good therapeutic work in a given context.

Clinical psychology training is a personally demanding process that requires an individual to adapt and cope with competing demands. Personality style and expectations have been shown to be factors associated with how CP trainees experience training and psychologically adapt to its demands. However, these are not the only factors likely to have an influence, and are perhaps just the starting point in understanding the personal experiences of people as they traverse the path of clinical training.

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